

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

9999

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 96 Township CARONDELLE Primary Registration District No. 6248 B  
 City Jefferson Barracks, Mo. U.S. V.A. Hospital, Jefferson Barracks, Mo. (Ward)

File No. \_\_\_\_\_  
 Registered No. 101

2. FULL NAME Oscar L. Johnston  
 (a) Residence, No. 316-1/2 Lami., St. Louis, Mo. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred un yrs kn mos OWN ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Oran Johnston.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
45 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad crossing fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable. 114

10. Date deceased last worked at this occupation (month and year) Unavailable. 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Illinois.

13. NAME William Johnston.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama Georgia.

15. MAIDEN NAME Effie Smith.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Illinois

17. INFORMANT (ADDRESS) C.H. Smith, Clinical Director.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 3/28 / 32

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co 7814 Broadway

20. FILED March 25 1932 P. C. O'Brack Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, 19... to March 24, 1932, 19...  
 I last saw him alive on March 24, 1932, 19... Death is said to have occurred on the date stated above, at 6:10 PM.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease, Aortic insufficiency; Myocarditis, chronic. Date of onset \_\_\_\_\_

Other contributory causes of importance: 928 935  
928 935  
 (1)

Name of operation Physical, X-Ray & Laboratory No. \_\_\_\_\_  
 What test confirmed diagnosis? findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19...  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) C. H. Smith, Acting Medical Officer in Charge, U.S.V.A. Hospital, Jefferson Barracks Mo.  
 (Address) \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 29 1932

MARGIN RESERVED FOR BINDING

V. 20. 2.

