DEC 2 1 1934

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

Do not use this space.

40570

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 603 — Registered No. 240
City ~~Mt Manchester~~ (No. Home of the age In Manchester, Mo. Ward)

2. FULL NAME Emily Johnston
(a) Residence, No. 6230 Wells ave. St., Ward. Wellston, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Johnston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1867
7. AGE YEARS 67 MONTHS 5 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John D. Venfosen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Isodore Janin 1806 Timberlage Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov. 22 1934
19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.
20. FILED 11/22 1934 Agnes C. Kelly, Dept. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Nov. 20, 1934
I last saw her alive on Nov. 19, 1934. Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset

Other contributory causes of importance:
Arterio-sclerosis

Name of operation none Date of —
What test confirmed diagnosis? — 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? no
If so, specify
(Signed) B. R. Loving, M. D.
(Address) Ballwin, Mo.

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.