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

NOV 23 1937

Do not use this space: 38738

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 785
(b) Township Bonhomme — Primary Registration District No. 6031 — Registered No. 134
(c) City Manchester — (d) Street No. Clayton & Woodsmill Rds St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Johnston
(a) Residence, No. 4314 Papin St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc. Hauling
10. Date deceased last worked at this occupation (month and year) Oct 1937
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Courtois Mo

FATHER
13. NAME Andrew Johnston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ruby Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT E Johnston
(ADDRESS) Ishmal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Indian Creek Cem Courtois Mo. DATE Oct 5, 1937

19. FUNERAL DIRECTOR Ortmann Funeral Home
(ADDRESS) 9222 Lackland Overland Mo

20. FILED 10-4, 1937 Agnes C Kelly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto accident while driving a commercial truck on a public highway which left the road & struck a telephone pole.	10/2/37
Other contributory causes of importance: Fractured skull.	10/2/37

Name of operation None Date of —
What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/2, 1937
Where did injury occur? Manchester Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck telephone pole.
Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.
(Signed) John O Connell M. D.
(Address) Coroner St Louis Co.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NY

STATEMENT BY LICENSED EMBALMER

I, Al C. Ostmann, Licensed Embalmer No. 3478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Al C Ostmann

Licensed Embalmer No. 3478

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)