

JAN 24 1938

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

Do not use this space.

46660

76
118

1. PLACE OF DEATH
County St. Louis Registration District No. 788
Township Jeff. Primary Registration District No. 4471
City Webster Groves (No. 334 Stark Court) St. Ward

2. FULL NAME John Whitfield Johnston
(a) Residence, No. 3824 Lincoln Ave. St. Ward. E. St. Louis, Ill.
(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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WHO WAS OR WAS NOT HUSBAND OF (OR WIFE OF) Margaret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1867

7. AGE YEARS 70 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I. C. R. R.
10. Date deceased last worked at this occupation (month and year) 2-24 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swanwick, Ill.

FATHER
13. NAME Robert Johnston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlyle, Ill.

MOTHER
15. MAIDEN NAME Sarah Jane McCormick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swanwick, Ill.

17. INFORMANT (ADDRESS) Ch. Kurrus, East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill. DATE Dec. 22, 1937

19. UNDERTAKER (ADDRESS) Ch. Kurrus, East St. Louis, Ill.

20. FILED 12-22-1937 Julia R. Yore Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1937 to December 20, 1937
I last saw him alive on December 20, 1937. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Respiratory Failure
Date of onset 12/20/37

Other contributory causes of importance:
1. Hypertensive Nephritis
2. Benign Hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) P. W. Martin, M. D.
(Address) 671 E. 1st St. St. Louis, Mo.

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

KURRUS, M.J. Co.

2525 STATE ST.

EAST ST. LOUIS, ILL.