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.

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

12746
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1008 Registered No. 3350
(c) City St. Louis (d) Street No. Deaconess Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward M. Johnston 523
(a) Residence, No. 5316 O'Dell Ave. St. 13
(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: 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 Henrietta Johnston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st, 1857
7. AGE: YEARS 80 MONTHS 6 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dealer
9. Industry or business in which work was done, as saw mill, bank, etc. in livestock
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) Indianapolis Ind.

FATHER
13. NAME James Johnston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Unknown Wallace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Henrietta Johnston 5316 O'Dell Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE 4-11, 1938
19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway
20. FILED APR 9 1938 J. P. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1938, to Apr 8, 1938.
I last saw him alive on Apr 8, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease Chr.	?
Acute Cardiac Decompensation	3-24-38

Other contributory causes of importance:

Chronic Nephritis	?
Bronchial Asthma	?
Hypertension (Arterial)	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical + Lab 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) H. F. Cowles, M. D.
(Address) 5930 Southwest Ave

(Licensed Embalmer's Statement on Reverse Side)

H.T. Cleveland

8-10 30

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

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