

REC'D JUL 14 1938

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

22184
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson Registration District No. 421
(b) Township Madison Primary Registration District No. 3375
(c) City (d) Street No. Registered No. 64
(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 ROBERT E. JOHNSTON 522
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 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 Margaret Johnston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1865
7. AGE YEARS 73 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Chamber
9. Industry or business in which work was done, as saw mill, bank, etc. Chamber
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Beverly (STATE OR COUNTRY) mo 0

13. NAME Russel Johnston 0

14. BIRTHPLACE (CITY OR TOWN) Beverly (STATE OR COUNTRY) mo 1

15. MAIDEN NAME Mary New

16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ben H. Johnston
Beverly mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnston Cemetery DATE June 19th 38

19. FUNERAL DIRECTOR (ADDRESS) Heilig, St. Louis, Mo.
Kimberly, Mo.

20. FILED 6/18, 1938 J. E. Ralledge, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 17, 1938
I last saw him alive on June 17, 1938 Death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset
8241
Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Ph. neg. 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) Ernest Bennett M. D.
(Address) San Carlos, Mo.

STATEMENT BY LICENSED EMBALMER

I, Elmer Heiligtag, Licensed Embalmer No. 3571

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

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