

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4562
Do not use this space.

1. PLACE OF DEATH

(a) County ST. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003 Registered No. 1255
 (c) City ST. Louis, Mo. (d) Street No. St. Louis Childrens Hosp. 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

LeRoy Johnston
 (a) Residence, No. Hillsboro, Mo. St. NR
 (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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-36
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 5 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. child
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Frank Johnston
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Jefferson County
 MOTHER 15. MAIDEN NAME Ada Jett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Jefferson Co. Missouri

17. INFORMANT (ADDRESS) M. E. Matthews 500 S. Kings Highway
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dandey, Mo. DATE Feb. 10 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Antony R. Palitte Crystal City, Mo.
 20. FILED FEB 8 1939 J. B. Blalock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7 1939
 22. I HEREBY CERTIFY, That I attended deceased from 12-1 1938 to 2-7 1939
 I last saw h. live on 2/7 1939 Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Broncho Date of onset 2-5-39
Bronchiectasis ?? 19-30 Oct 39
Other contributory causes of importance:
Piece of bone in bronchus 9-1-38
Foreign body in left main bronchus
Atelectasis of left lower lobe 9-3-38

Name of operation L. pneumectomy Date of 1-19-39
 What test confirmed diagnosis? XRay 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 None
 (Signed) M. E. Matthews, M. D.
 (Address) 500 S. Kings Highway

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Anthony R. Pelitto

Licensed Embalmer No. 3481

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.