24 1939

REC'D MAY 11 1939

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

16169
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 117 — Registered No. 732
(c) City Webster Groves — (d) Street No. 325 Summit Ave. 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 Sarah M. Johnston.
(a) Residence, No. 325 Summit Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank M. Johnston.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 14, 1851
7. AGE: YEARS 87 — MONTHS 6 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: at home
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): Pennsylvania.

FATHER
13. NAME: Dont know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know.

MOTHER
15. MAIDEN NAME: Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know.

17. INFORMANT (ADDRESS): Mrs. Harry A. Rinkel. 325 Summit Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Lake Charles Cem. DATE: Apr. 24, 1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo. L. Pleitsch Inc. 5966-68 Easton Ave.
20. FILED APR 24 1939 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939, to April 22, 1939
I last saw her alive on 4-22, 1939. Death is said to have occurred on the date stated above, at 5:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/3/39
82 a 1	
Other contributory causes of importance:	
Myocardial Insufficiency	4/17/39

Name of operation — Date of —
What test confirmed diagnosis? Symptoms. 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) Earl L. Brand, M. D.
(Address) Webster Groves Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. E. L. Leonard.
130 E. Lockwood Ave.
8 to 10 a.m. Webster Groves,
Republic 3038

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, 3454 David E. Gibson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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

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