

REC'D JUN 12 1939

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

17192  
Do not use this space.

1. PLACE OF DEATH

(a) County.....2 Registration District No.....791  
(b) Township..... Primary Registration District No.....1008  
(c) or St. Louis..... (d) Street No. 5316 Odell 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.

Registered No. 4726

2. PRINT FULL NAME 523 Henrietta H. Johnston

(a) Residence, No. 5316 Odell 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 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 Late Edward M. Johnston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Memphis  
(STATE OR COUNTRY) Tenn.

FATHER 13. NAME Unknown Hauck

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Charles L. Keeton  
(ADDRESS) Eureka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ParkLawn Cem. DATE 5-26

19. FUNERAL DIRECTOR (NAME) Kriershauser Mortuari  
(ADDRESS) 4228 So. Kingshighway

20. FILE MAY 24 1939  
J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1939 to May 23, 1939  
I last saw her alive on May 23, 1939. Death is said to have occurred on the date stated above, at 10:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung (right) Date of onset

Other contributory causes of importance:  
Myocarditis of Chs. 11-3-33

Name of operation None Date of       
What test confirmed diagnosis? X-ray & Aut. 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) J. F. Cavelland M. D.  
(Address) 5930 Southwark Ave

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..... *Edwin M. Permut*

Licensed Embalmer No..... *3024*

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.**