

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X1051

N 17 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: (a) County St. Louis (b) City or town (c) Name of hospital or institution: 9931 Brook ave. (d) Length of stay: 14 yrs.

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County St. Louis (c) City or town Lemay (d) Street No. 9931 Brook ave.

8. (a) PRINT FULL NAME 523 Douglas S. Johnston

8. (b) If veteran, name war No (c) Social Security No. none

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 6 1859 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Jefferson County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Laborer Retired

11. Industry or business

MOTHER FATHER { 12. Name Russell Johnston 13. Birthplace Jefferson County Missouri 14. Maiden name Mary Neu 15. Birthplace Jefferson County Missouri

16. (a) Informant's own signature Harry Johnston (b) Address 9931 Brook ave.

17. (a) Burial (b) Date thereof June 19 1939 (c) Place: burial or cremation Sandy Cem. Sandy, Mo.

18. (a) Signature of funeral director C. Hoffmeister & L. Co. (b) Address 7814 S. Broadway

19. (a) JUN 17 1939 (b) [Signature] (c) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1939 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 15 1939 to June 16 1939; that I last saw him alive on June 16 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to... Due to... Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... Of autopsy none

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James M. Johnston (M.D. or other) Address 2025 S. Jefferson Date signed June 16 1939

Duration Physician Underline the cause to which death should be charged statistically

