DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16743

1603

JUN 15 1940

Registration District No. 791

Primary Registration District No.

Registrar's No. 4221

1. PLACE OF DEATH:

(a) County: St. Louis Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County:

(c) City or town: St. Louis Mo. (If outside city or town limits, write "RURAL") 11

(d) Street No.: 3725 Cote Brilliante (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Russell Johnston 523

8. (b) If veteran, name war:

8. (c) Social Security No.: None

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June 1st, 1902 (Month) (Day) (Year)

8. AGE: Years 37 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace: St Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: Self employed

FATHER
12. Name: Robert Henry Johnston
13. Birthplace: Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lena Summers
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Robert Johnston

(b) Address: 3725 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Bethany Cemetery

18. (a) Signature of funeral director: Sullivan Und. Co.,

(b) Address: 2849 N. Euclid Ave.,

19. (a) MAY 11 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1940 hour 8 P.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Lacerations and hemorrhage of brain (traumatic) due to head injuries

Due to: Street car Runned to the left side by a

Due to: automobile driven by John Boylin Jr.

Other conditions (Include pregnancy within 3 months of death): in front of about 3852

Major findings: Of operations: Coroner case dismissed 11-Pm may-8-1940

Of autopsy: accident

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: 5/8/40

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury: Auto

23. Signature: Joseph McGuire (M. D. or other)

Address: Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19311

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

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.....Albert Mayfie

Licensed Embalmer No.....3077

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.