

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34256

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

8947

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 hrs. 20 mins.
19 hrs. 20 mins. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Baby Johnston

3. (b) If veteran, name war Newborn 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased October 14, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 19 hr. 20 min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Roy

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Reulah Johnston

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address 1515 Lafayette Ave.,

17. (a) Burial (b) Date thereof 18 31 46
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

- (b) Address City Hospital No. 1

19. (a) OCT 20 1940 (b) J. J. Presch
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5228 Wells Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15,
year 1940 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from October 14, 1940 to October 15, 1940
that I last saw him alive on October 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Prematurity

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(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 W. S. Harker (M. D.)
Address 1515 Lafayette Ave., Date signed 10/29/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.