

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

36370  
State File No. \_\_\_\_\_  
Registrar's No. 1982

Registration District No. 784

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 40 Years  
years, months or days)

3. (a) PRINT FULL NAME Jean Johnston

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased September 5, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pittsburg Penn  
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Lentz  
13. Birthplace Pittsburg Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Stewart  
15. Birthplace Pittsburg Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Coyle

(b) Address 2713 Tennessee

17. (a) Burial (b) Date thereof 10/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) OCT 19 1940 (b) DR May  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2713 Tennessee  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18  
year 1940 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from Oct 15 1940 to Oct 18 1940,  
that I last saw him alive on Oct 18 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans  
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? R. Berg (Specify type of place) (e) Means of injury Med

23. Signature R. Berg (M. D. or other) \_\_\_\_\_  
Address 2713 Tennessee Date signed 10/18/40

**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.....

*Ernest W. Spillers*

Licensed Embalmer No.....

*4080*

P. O. Address.....

*3747 Pennica*

**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, fact should be so stated above.**