

Registration District No. 1200 784

Primary Registration District No. 111

Registrar's No. 2731

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
FILED DEC 11 1940

1. PLACE OF DEATH: St. Mary's Hospital
 (a) County: St. Louis
 (b) City or town: Almond Heights Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 5 days
 (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME: GEORGE JOHNSTON

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: S

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

7. Birth date of deceased: June 24 40
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>5</u>	<u>2</u>	<u>X</u>	hr. _____ min. _____

9. Birthplace: ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name: Ernest Johnston

13. Birthplace: REYNOLDS Co MO
(City, town, or county) (State or foreign country)

14. Maiden name: MILDRED SPIRES

15. Birthplace: MARLEY MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Ernest Johnston

(b) Address: 307 Duchouquette ST

17. (a) Burial (b) Date thereof: 11 28 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: RED FORD MO

18. (a) Signature of funeral director: Went Bros

(b) Address: 2201 Grand Blvd

19. (a) NOV 27 1940 (Date received local registrar) W. H. Meyer (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. 307 Duchouquette ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1940 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11/21 40 to 11/26 40 that I last saw him alive on 11/26 40 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure Duration: 6 hrs

Due to: marasmus Duration: 4 mos

Due to: 99 B

Other conditions: Bilat. mastoid entritis ?

Major findings: Of operations: Pus in both mastoid Of autopsy: none

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. H. Meyer (M. D. or other) MD
Address: St. Mary's Hosp Date signed: 11/26/40

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

Harry A. Stewart

Licensed Embalmer No. *3722*

P. O. Address *4112 Duquesne*

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.