7. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35533

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9504

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3115 S. Broadway 3
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution: Ex Home Entry Resp #
(Specify whether
In this community .....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17
(c) City or town St. Louis 249
(If outside city or town limits, write "RURAL")
(d) Street No. 3115 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary F. Johnston

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife William C. Johnston 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. 14. 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Williamson Co Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Isom Williams
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bauf
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Della Godefroid
(b) Address 3113 S. Broadway

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 11-16-42
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director With Bro. & Co
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 14 1942
(Date received local registrar)
(b) J. F. Budeck
(Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1942 hour 12:25 minute P. 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 Coronary Occlusion
Due to Arteriosclerosis
Due to .....
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

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

23. Signature Alfred Meyer (M. D. or other)
Address Kirkwood Date signed 11/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietrle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.