

FILED JAN 19 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
I53 Lemay Gardens
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 1/2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. I53 Lemay Gardens
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen M. Johnston

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife H. Monroe Johnston

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 24, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	I	I2	hr. _____ min.

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

10. Usual occupation Housewife at home

11. Industry or business _____

MOTHER FATHER

12. Name Jesse McCollum

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

14. Maiden name Mac Hamilton

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

16. (a) Informant H. Monroe Johnston

(b) Address I53 Lemay Gardens

17. (a) Burial (b) Date thereof Jan. 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) JAN 10 1944 (b) E. G. McSarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1944 hour 7:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 29, 1943, to Jan 6, 1944

that I last saw her alive on Jan 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carbuncle on back
Diabetes mellitus

Duration 37 Days
10 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carbuncle Between Shoulder
Of operations 8 in by 8 in

Of autopsy 61

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)

Means of injury 61

23. Signature Paul R. Kozlowski (M. D. or other) _____

Address 1166 Lemay Ferry Rd Date signed 1/7/44

Konze
2-3-78

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

Alvin E. Bender

Licensed Embalmer No.

448

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.