

S. No. 2
DM-5-43
v. 5-17-39
I X3867

LED FEB 18 1944
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **1303**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **8 weeks** (Specify whether years, months or days)
In this community **8 weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **336 Christain Ave.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **John W. Johnston Sr.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **489-03-2155**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Luretta Johnston** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **Oct. 4 1890**
(Month) (Day) (Year)

8. AGE: 53 Years 4 Months 2 Days If less than one day hr. min.

9. Birthplace **Barry Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business

12. Name **George W. Johnston**

13. Birthplace **Un Known**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah McDanel**

15. Birthplace **Un Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Luretta Johnston**

(b) Address **336 Christain Ave.**

17. (a) **Burial Removal** (b) Date thereof **Feb. 19-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodland Cem Desoto Mo.**

18. (a) Signature of funeral director **Diedrich H. Howe**

(b) Address **8319 Maple Berry Rd**

19. (a) **FEB 9 1944** (b) **J. J. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **6** year **1944** hour **10** minute **20 A.**

21. I hereby certify that I attended the deceased from **Dec. 12** 19**43** to **Feb 6** 19**44**
that I last saw him alive on **Feb 5** 19**44**
and that death occurred on the date and hour stated above

Immediate cause of death **Degenerative process spinal cord level of 3rd cervical vertebrae**
Due to **Causative agent unknown**
Other conditions **82.1**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **As stated above**

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
Signature **L. H. Kilker** (M. D. or other)
Address **3121 1/2 grand** Date signed **2/7/44**

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

MOTHER FATHER

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.....

Arthur P. Diehrich

Licensed Embalmer No..... *3556*

P. O. Address..... *St. Louis*

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.