

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5400

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:
2944 Milton Blvd
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT
FULL NAME

Robert Lee Johnstone

3. (b) If veteran,
name war.....

3. (c) Social Security
No.

4. Sex Male 0 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
Isabelle Johnstone alive 74 years
7. Birth date of deceased November 12 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 0 ..hr. ..min.

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

10. Usual occupation Retired Engraver

11. Industry or business

MOTHER FATHER { 12. Name James J. Johnstone
 13. Birthplace Scotland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Dunn
 15. Birthplace Missouri D
 (City, town, or county) (State or foreign country)

16. (a) Informant Isabelle Johnstone
 (b) Address 2944 Milton Blvd
 17. (a) Burial (b) Date thereof June 16 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Petz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) JUN 15 1944 J. F. Brudek
 (Date received local registrar) (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. 2944 Milton Blvd
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day June
 year 1944 hour 2:05 minute A. M.

21. I hereby certify that I attended the deceased from 6/4/44
 1944, to 6/14/44 1944
 that I last saw h..... alive on 6/14/44 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary occlusion
 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 sta-
 tistically.

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 Libery (M. D. or other)
 Address 225 3rd St Date signed 6/14/44

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: *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address. *6170 Pellmar*

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.