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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22492

Primary Registration District No. 6076

Registrar's No. 1439

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ADMITTED 1/17/44 (Specify whether)

In this community — (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town RURAL Lemay 96
(If outside city or town limits, write "RURAL")

(d) Street No. 9931 BROOK AVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME ANDREW JOHNSTON

3. (b) If veteran, name war WORLD NOT

3. (c) Social Security No. 495-12-5420

4. Sex O M

5. Color or race W

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

6. (b) Name of husband or wife GERTRUDE

(c) Age of ~~husband~~ or wife if alive 42 years

7. Birth date of deceased MARCH (Month) 30 (Day) 1887 (Year)

8. AGE: Years 57 Months 3 Days 2 If less than one day — hr. — min.

9. Birthplace JEFFERSON COUNTY MO. (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business ST LOUIS CARTRIDGE CO

FATHER
12. Name DOUGLAS JOHNSTON
13. Birthplace JEFFERSON COUNTY MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NETTIE CRADOR
15. Birthplace ~~Unknown~~ (City, town, or county) MO (State or foreign country)

16. (a) Informant

(b) Address Clinical Records, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sandy Cemetery, Pevely, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) JUL 5 - 1944 (Date received local registrar) (b) E. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1944 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from JAN 17 1944 to July 2, 1944 that I last saw him alive on July 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF PROSTATE WITH GENERALIZED METASTASES TO LUNGS, BRAIN AND CERVICAL LYMPH NODES

Duration UNK.

Other conditions (Include pregnancy within 3 months of death) NONE

Major findings:
Of operations NONE PERFORMED
Of autopsy NONE PERFORMED

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) NO

(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)

Where at work? (e) Means of injury

23. Signature L. M. COCHRAN, LT. COL. M.C. (M. D. or other)

Address CHIEF MEDICAL OFFICER Date signed 7/7/44

(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 .....

Louis C. Hoffmeister, Registered Apprentice No. .....

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.