

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38723**

**FILED DEC 32 1944**

Registration District No. **32/1944** Primary Registration District No. **6076** Registrar's No. **2402**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
9434-Midland Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 25-Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carl Victor Johnston

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 18 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 3 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business self

MOTHER FATHER

12. Name Adolph Johnston

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

14. Maiden name Unknown

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

16. (a) Informant Martha Johnston

(b) Address 9434-Midland Ave-Overland

17. (a) Burial (b) Date thereof 11-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vaihalla Cemetery

18. (a) Signature of funeral director Baumann Brothers Inc.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) **DEC 1 1944** (b) E. L. McLaughlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 9434-Midland Avenue 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1944 hour 6 minute A - M.

21. I hereby certify that I attended the deceased from Jan 24 1941, to Nov 21 1944, that I last saw him alive on Nov 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to Arteriosclerosis - 4 yr.

Due to Chronic Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None gta

Of autopsy None

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) None

(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 0

23. Signature Roy A. Kaeberly (M. D. or other) —

Address 2438 Woodson Rd Date signed 11-23-44

FEB 26 1945

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.**