S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6550

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2285

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

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 Stone Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 19 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4233 West Pine Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry R. Johnston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Lilly S. Johnston

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

7. Birth date of deceased June 6th., 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	8	29	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John N. Johnston
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret McCurdy
15. Birthplace Pa. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Howard A. Johnston
(b) Address 4025 West Pine Blvd.

17. (a) Removal (b) Date thereof 3-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winterset, Iowa

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 6 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th.,
year 1948 hour 5 minute p. M.

21. I hereby certify that I attended the deceased from Dec 11, 1947 to March 5, 1948
that I last saw him alive on March 5, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerotic Hypertension Disease	2 yrs
Due to Chronic myocarditis	3 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93

Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature A. J. Rasmdonck (M. D. or other)

Address 4390 W. Pine Bl Date signed 3-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

4390 West Pine Blvd.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.