. No. 2
—1/47
5-17-39

ENCLOSED

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. 947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2063

State File No. 10893

Registrar's No. 716

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital D.O.A.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2487-Northland Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Joseph W. Johnston
3. (b) If veteran, name war None
3. (c) Social Security No. 497-01-0368
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Cora Ann
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept (Month) 22 (Day) 1889 (Year)
8. AGE: Years 58 Months 5 Days 22 If less than one day ..... hr. ..... min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Painter
11. Industry or business N.J. Fitzhugh Painting Co.
FATHER
12. Name George S. Johnston
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mathilda Demaddes Johnston
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Cora Ann Johnston
(b) Address 2487-Northland Ave-Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) 3-17-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 1, 1946 to Mar 15, 1948, that I last saw him alive on Mar 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	XX
Due to Arteriosclerosis	XX
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature [illegible] (M. D.)
Address 3833 Washington St. Louis Date signed 3/17/48

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

MAR 24 1948

APR 8 1948

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 14 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.