. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 14994

Registrar's No. 1076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Mos. 9 Days (Specify whether years, months or days)
In this community 6 Months - 9 days

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. 845 Cowan Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHNSTON, Joseph A.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 494 10 4434
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Johnston
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June (Month) 17 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
51	10	8	hr. min.

9. Birthplace Reynolds County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Welder
11. Industry or business
FATHER 12. Name George Johnston
13. Birthplace Reynolds County, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah McDaniel
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hosp.
(b) Address Jefferson Barracks, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Math-Herman & Son
(b) Address 2161 E. Fair St. Louis, Mo.
19. (a) 4-27-48 (Date received local registrar) (b) Carl C. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 11:35 minute P. M.
21. I hereby certify that I attended the deceased from October 16, 1947 to April 25, 1948 that I last saw him alive on April 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HODGKIN'S DISEASE	
Contributory cause:	
~~xxxx~~ 1. MALNUTRITION	
2. PULMONARY EDEMA	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 2/3/48 Biopsy
Of autopsy Autopsy performed (See cause of death)

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) 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 yes or no) (e) Means of injury
23. Signature L. E. Stillwell (M. D. or Coroner)
Address Jefferson Barracks, Mo. Date signed 4/26/48

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis 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.