FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21013

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5597

1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnard Free Skin and Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 days (Specify whether years, months or days)
In this community: yes.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Perry
(c) City or town: Tamaroa (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: - R - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

999 11 6 2

3. (a) PRINT FULL NAME: Edward Johnston
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Marie Johnston
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 8 (Month) 4 (Day) 1865 (Year)
8. AGE: Years 82 Months 10 Days 16 If less than one day: hr. min.
9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: David Johnston
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Tuttle
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Patient
(b) Address: Tamaroa, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Tamaroa, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) JUN 21 1948 (Date received local registrar) (b) J. T. Meseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 20 year: 1948 hour: 4 minute: 35 A.M.
21. I hereby certify that I attended the deceased from: 6-1, 1948, to: 6-20, 1948 that I last saw him alive on: 6-19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	
Due to: Strain imposed by prostatectomy done on 6-9-48	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations: Benign hypertrophy of prostate	
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: Millard E. Woolridge (M. D. or other) MD
Address: 3427 Washington Blvd. Date signed: 6-20-48

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

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

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.....

Licensed Embalmer No. 2645

P. O. Address.....

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.