

FILED SEP 13 1948

Registration District No. **318**

1003

Registrar's No. **7523**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. L. City Hosp. #1. Max C. Starkloff Mem
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
3 years (Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME ROBERT JOHNSTON

3. (b) If veteran, name war Nil 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 Catherine 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 20, 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 6 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Marion Johnston

13. Birthplace Missouri
(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 Catherine Johnston

(b) Address 2100 Waverly Place

17. (a) burial (b) Date thereof 8/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

(a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) AUG 27 1948 (b) J.F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2100 Waverly Place (If rural, give location) 9
23 (e) Citizen of foreign country? no (Yes or No) 17
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th
year 1948 hour 7:00 minute 10 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia
and subdural Hematoma

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence Unknown

(c) Where did injury occur? Unknown
(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) Means of injury _____

23. Signature Patrick E. Hayes (City or town) (County) (State)

Address 1300 Clark Date signed 8-27-48

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..... *A. J. Cooper*
Licensed Embalmer No. *38130*
P. O. Address *2301 Lafayette*

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.