

FILED DEC 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40570

State File No. \_\_\_\_\_

Registration District No. 160Primary Registration District No. 5592Registrar's No. 78

## 1. PLACE OF DEATH:

(a) County JEFFERSON  
 (b) City or town RURAL JOSEPHIN TOWNSHIP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution HOME GLEN PARK Mo. !  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME FRANK JOHNSTON

3. (b) If veteran, name war WORLD WAR I  
 3. (c) Social Security No. 493-07-0355

4. Sex M. race W.  
 5. Color or \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife LENA JOHNSTON  
 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased FEB 27 1896  
 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 8  
 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation SUPV.

11. Industry or business LIME Co.

MOTHER FATHER  
 { 12. Name ANDREW JOHNSTON  
 { 13. Birthplace UNKNOWN  
 (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 MRS FRANK JOHNSTON

(b) Address PEVELY Mo.

17. (a) DEC BURIAL (b) Date thereof DEC 10 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IMPERIAL Mo

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address K.M.M. SWICK Mo

19. (a) Dec 10 1948 (b) Clarence Ballantyne  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. GLEN PARK Mo  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
 year 1948 hour 7 minute 35 P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 12/6 48  
 \_\_\_\_\_, 19\_\_\_\_, to 12/6 48  
 that I last saw h. i. m. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Duration 15 min

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Dr. Ben (M. D. or other) MD

Address Mercurium, Mo Date signed 12/8/48

DEC 21 1948

Date Filed

1 - Exact File Number

District Health Officer No. 9,

RECEIVED

JAN 31 1949

MAR 28 1949

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..... *Arthur W. Heiligman*

Licensed Embalmer No. *3872*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.