.S. No. 300
EV. 10.48

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21230

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5308

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~Mo~~ Ill
b. COUNTY: 999
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St Louis~~ Greenville 11
d. STREET ADDRESS (If rural, give location): 316 So Praire 2

3. NAME OF DECEASED (Type or Print)
a. (First) Gertrude b. (Middle) Bertha c. (Last) Johnston

4. DATE OF DEATH (Month) (Day) (Year): 6-16-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-12-1896
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Charles City Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. F. Schroeder
13b. MOTHER'S MAIDEN NAME: Charlotte Kruger
14. NAME OF HUSBAND OR WIFE: W Reaman Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: W. Reaman Johnston — ADDRESS: 316 So Praire

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Edema of brain — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Toxic adenoma of thyroid — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/16/49
19b. MAJOR FINDINGS OF OPERATION: Adenomata of thyroid
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 634

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 2521

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* June 16, 1949, *that I last saw the deceased alive on* June 16, 1949, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max S. Franklin M.D.
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 6/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-17-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Greenville Ill

DATE REC'D BY LOCAL REG.: JUN 20 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Rowland Mortuary Service, 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

5308

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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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Van M Sizemore

Licensed Embalmer No. 4343

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.