

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38887

State File No.

10089

Registrar's No.

No. 300

10-48

FILED DEC 1 1949

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS					c. CITY (If outside corporate limits, write RURAL and give township) St. Louis						
c. LENGTH OF STAY (In this place)					d. STREET ADDRESS (If rural, give location) 12 Congress Hotel - 275 Union						
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL.											
3. NAME OF DECEASED (Type or Print)			a. (First) ROY		b. (Middle) MEREDITH		c. (Last) JOHNSTON.		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept. 5, 1883		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY wholesale drugs			11. BIRTHPLACE (State or foreign country) Fort Smith, Arkansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William J. Johnston				13b. MOTHER'S MAIDEN NAME Mary Bourne.				14. NAME OF HUSBAND OR WIFE Bess Robers Johnston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No			17. INFORMANT'S SIGNATURE OR NAME Mrs. Bess R. Johnston			ADDRESS		
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) Myocarditis, ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Paget's Disease of the bone					INTERVAL BETWEEN ONSET AND DEATH 6 Mos. year 5 yr.	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) 99					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? H. 221					
22. I hereby certify that I attended the deceased from July 4, 1949 , to Nov 22, 1949 , that I last saw the deceased alive on Nov 22, 1949 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Wm F. Deam M.D.					23b. ADDRESS 3720 Washington St. Louis Mo.			23c. DATE SIGNED 11/22/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-24-49		24c. NAME OF CEMETERY OR CREMATORY. Oak Cemetery		24d. LOCATION (City, town, or county) (State) Fort Smith, Arkansas					
DATE REC'D BY LOCAL REG. NOV 23 1949			REGISTRAR'S SIGNATURE B. Lacater			25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons			ADDRESS 7233 Delmar Blvd.		

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.