S. No. 300
Rev. 10-48

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3217

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 153

4002

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay 4870
d. STREET ADDRESS (If rural, give location): 9009 So Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Lee
c. (Last): Johnston

4. DATE OF DEATH (Month) (Day) (Year): Jan 16 1950

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 16, 1925
9. AGE (In years last birthday): 24 — 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): Bell Boy
10b. KIND OF BUSINESS OR INDUSTRY: Hotel Stather
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arthur Johnston
13b. MOTHER'S MAIDEN NAME: Louise Meyer
14. NAME OF HUSBAND OR WIFE: Dolores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 494-26-5661
17. INFORMANT'S SIGNATURE OR NAME: Dolores Johnston 9009 S Bdwy Lemay

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	cerebral concussion	1 hr
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	fracture - vault & base of skull.	1 hr
DUE TO (c)	laceration of liver	1 hr
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	cpd. fracture, Rt tibia & fibula	1 hr

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lemay, St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 16, 1950 6:50 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Struck by Auto

22. *I hereby certify that I attended the deceased from* 1-16-, 1950, *to* 1-16-, 1950, *that I last saw the deceased alive on* 1-16-, 1950, *and that death occurred at* 8:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Scheme Jr. M.D.
23b. ADDRESS: 601 Brentwood Clayton
23c. DATE SIGNED: 1-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 19 1950
24c. NAME OF CEMETERY OR CREMATORY: Lakewood Park
24d. LOCATION (City, town, or county) (State): St Louis Co. Mo

DATE REC'D BY LOCAL REG.: 1-18-50
REGISTRAR'S SIGNATURE: Herbert R. Dombe, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: C Hoffmeister U & L Co
ADDRESS: 7814 So Bdwy St. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.

C. Hoffmeister Undertaking & Livery Company Undertaking Co.

Address 7814 So. Broadway

St. Louis, Mo. II

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described corpse:

Full name Donald Lee Johnston Race white

Place and date of death St. Louis County Hospital January 16, 1950

Physician (or Coroner) signing Certificate

Place and date of Embalming St. Louis, Missouri January 17, 1950

Remarks

Signed Harry J. Schumacher Missouri License No. 267