

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

State File No. 5119

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY OR TOWN St. Louis		a. STATE Missouri	b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. City Hosp. #1		d. STREET ADDRESS (If rural, give location) 2700 No. Ninth Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Franklin	b. (Middle) P	c. (Last) Johnston	4. DATE OF DEATH (Month) (Day) (Year)
				June 8 1951

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D	8. DATE OF BIRTH Oct. 21, 1917	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Cartage Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Enoch Johnston	13b. MOTHER'S MAIDEN NAME Lulu Tague	14. NAME OF HUSBAND OR WIFE Margaret
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW2	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Louise Hayden	ADDRESS 225 President Street
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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, ashenia, 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) Septic Pneumonia; Multiple Fractures, supra when the motor-vehicle driven by one Arthur Davidson causing Traumatic Injuries while riding on highway to be struck in front of about 6-7-10		
ANTECEDENT CAUSES Fractures supra when the motor-vehicle driven by one Arthur Davidson causing Traumatic Injuries while riding on highway to be struck in front of about 6-7-10			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Study about 7:15 pm June 2, 1951	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or other bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 8166
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 2 5:15 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Blair E. Doyle 3 (Degree or title)	23b. ADDRESS 1500 Claver	23c. DATE SIGNED 6/11/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-11-51	24c. NAME OF CEMETERY OR CREMATORY Friedens	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. JUN 11 1951	REGISTRAR'S SIGNATURE J. B. Russter	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin	ADDRESS 2501 Lafayette Avenue
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Final

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.....

L. R. Cooper

Licensed Embalmer No. *2633*

P. O. Address *2317 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.