

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21278  
5770

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1008</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4038a McRee Ave.</b>				f. STREET ADDRESS (If rural, give location) <b>4038a McRee Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>HOWARD</b>		a. (First) <b>F.</b>		b. (Middle) <b>JOHNSTON</b>		c. (Last)	
4. DATE OF DEATH		(Month) <b>June</b>		(Day) <b>10</b>		(Year) <b>1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 5, 1893</b>	
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee of Public Service Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Abraham Johnston</b>			13b. MOTHER'S MAIDEN NAME <b>Samanthia Landers</b>			14. NAME OF HUSBAND OR WIFE <b>Ruby Johnston</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Johnston</b> ADDRESS <b>4038a McRee Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarct</b> INTERVAL BETWEEN ONSET AND DEATH <b>One Hour</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension &amp; Sclerotic</b> <b>3 years</b> DUE TO (c) <b>Coronary Arteries</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>None</b>		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>5/26/46</b> , 19___, to <b>6/10/57</b> , 19___, that I last saw the deceased alive on <b>2/5/57</b> , 19___, and that death occurred at <b>8:20 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter H. Johnson</b> (Degree or title)				23b. ADDRESS <b>3108 S. Grand</b>		23c. DATE SIGNED <b>JUN 11 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jun. 13, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Blackwill, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 12 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>			

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

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.