

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39203
Registrar's No. 10441

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 3811 Westminister Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3811 Westminister Avenue		c. LENGTH OF STAY (in this place) 50 years	

3. NAME OF DECEASED (Type or Print) EARL JOHNSTON			4. DATE OF DEATH (Month) (Day) (Year) November 22, 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Mar. 29, 1883	9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Room)	10b. KIND OF BUSINESS OR INDUSTRY YMCA	11. BIRTHPLACE (State or foreign country) Kindaville, Indiana	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Otto F. Johnston	13b. MOTHER'S MAIDEN NAME Cora Gray	14. NAME OF HUSBAND OR WIFE Anna
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Anna Johnston		ADDRESS 3811 Westminister Avenue	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) I don't know		
	DUE TO (c) none		
19. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201.
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22. I hereby certify that I attended the deceased from Nov 21 1951, to Nov 22, 1951, that I last saw the deceased alive on Nov 22, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE Earl Smith MD	(Degree or title)	23b. ADDRESS D. MONTHEATER BLDG	23c. DATE SIGNED 11-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-26-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. NOV 24 1951	REGISTRAR'S SIGNATURE Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin	ADDRESS 2301 Lafayette Avenue
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ralph Riley, MD
Missouri Theatre Bldg.

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

R. P. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2301 Reynolds*

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.