

FEB 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 3537

Unknown
Reg #99064

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PEVELLY 0500	
c. LENGTH OF STAY (In this place) 1		d. STREET ADDRESS (If rural, give location) ROUTE #1 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print) GEORGE L. JOHNSTON, JR.		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1-2-52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-26-1886		9. AGE (In years last birthday) 65		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STREET CAR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME GEORGE JOHNSTON		13b. MOTHER'S MAIDEN NAME ELIZABETH STOCKWELL		14. NAME OF HUSBAND OR WIFE LOUISE C. JOHNSTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
15. ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRO VASCULAR ACCIDENT		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE					
		DUE TO (c)					
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		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 1-1-52, 19, to 1-2-52, 19, and that death occurred at 1:05a m., from the causes and on the date stated above.

23a. SIGNATURE E.C.O'BRIEN, MD		(Degree or title)		23b. ADDRESS VAH JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 1-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removed		24b. DATE 1/2/52		24c. NAME OF CEMETERY OR CREMATORY Ledy Cem.		24d. LOCATION (City, town, or county) (State) Coaly - Mo	
DATE REC'D BY LOCAL REG. 1/2/52		REGISTRAR'S SIGNATURE Robert Rodenke MD		25. FUNERAL DIRECTOR'S SIGNATURE Thilleyday - Imperial Mo		ADDRESS	

(Licensed Embalmers' 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 *Elmer A. Helwig*

Licensed Embalmer No. *3521*

P. O. Address *K. Linnemann*

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.