

STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1953

State File No. **22918**
5648
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. _____
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 town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2944 Milton Blvd		d. STREET ADDRESS (If rural, give location) 17 2944 Milton Blvd		
3. NAME OF DECEASED (Type or Print) a. (First) Isabelle		b. (Middle) _____		c. (Last) Johnstone
4. DATE OF DEATH (Month) (Day) (Year) June 5 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 4 1870	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Milwaukee Wis.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Geo Patterson		13b. MOTHER'S MAIDEN NAME Amelia Tudington	14. NAME OF HUSBAND OR WIFE Robt. Lee. Johnstone Dec	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel J. Siemer 2944 Milton Blvd	
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) Probable gastric neoplasm or varices ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____ 153X		
22. I hereby certify that I attended the deceased from 1951 , 19 _____, to June 5, 1953 that I last saw the deceased alive on _____, 19 _____, and that death occurred at 5.25 A.M. from the causes and on the date stated above.				
23a. SIGNATURE Ralph Berg MD (Degree or title)		23b. ADDRESS 3203 Sprawl	23c. DATE SIGNED 6/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 8 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cmty	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUN 6 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd.		

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

Dr. Ralph Berg

3203 S. Grand Blvd

St. Louis 817857 11/30

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

M. W. Ruelter

Licensed Embalmer No.

4865

P. O. Address

St Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.