

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30610**

FILED AUG 25 1953

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 543		Registrar's No. 2178				
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri. b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) Jennings, Mo.		c. LENGTH OF STAY (In this place) 6 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Jennings, Mo.						
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Nursing Home.				d. STREET ADDRESS (If rural, give location) 2520 McLaran Ave. Jennings Mo						
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) W.		c. (Last) Johnston,		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 18, 1866		9. AGE (In years last birthday) 87	10. MONTHS 8	11. DAYS 7	12. HOURS 0	13. MINS. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Agriculture			10b. KIND OF BUSINESS OR INDUSTRY Farmer (Self)			11. BIRTHPLACE (City and State or Foreign Country) Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Wm. K. Johnston			13b. MOTHER'S MAIDEN NAME Ruth Jerdon			14. NAME OF HUSBAND OR WIFE Late Sarah Johnston,				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Johnston, 2513 University St					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease										
ANTECEDENT CAUSES										
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
DUE TO (b) aggravated by fracture										
DUE TO (c) rt hip - nailed July 15-53										
II. OTHER SIGNIFICANT CONDITIONS										
Conditions contributing to the death but not related to the disease or condition causing death. 7										
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 400 45					
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 Fell in old folks home						
22. I hereby certify that I attended the deceased from 7-15 , 1953, to Aug 1 , 1953, that I last saw the deceased alive on Aug 1 , 1953, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) G.H. Kellner M.D.					23b. ADDRESS 3121 N Grand			23c. DATE SIGNED 8-7-53		
24a. BURIAL, CREMATION, REMOVAL DATE Aug. 9, 1953			24c. NAME OF CEMETERY OR CREMATORY Redford Cemetery			24b. LOCATION (City, town, or county) (State) Redford, Missouri,				
DATE REC'D BY LOCAL REG. 8-7-53		REGISTRAR'S SIGNATURE Herbert R. Dwyer M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beidner Und. Co. 2223 St. Louis Av.					

WRITE PLAINLY—USING INK

1957
9 100

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 _____

John P. Buchholz

Licensed Embalmer No. _____

1674

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.