

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17419**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1144

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) OR TOWN Kirkwood

c. CITY OR TOWN Kirkwood 470
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Scudder Nursing Home

e. STREET ADDRESS (If rural, give location) 440 S. Kirkwood Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) Jane b. (Middle) Robinson c. (Last) Johnston

4. DATE OF DEATH (Month) (Day) (Year) May 15, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 21, 1864

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 10 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown Robinson

13b. MOTHER'S MAIDEN NAME Unknown Spencer

14. NAME OF HUSBAND OR WIFE John T. Johnston Sr.

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 AND ADDRESS John T. Johnston Webster Groves,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Anteroselective Heart Disease
Generalized Arteriosclerosis
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
As for 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.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1954, to 5/15, 1954, that I last saw the deceased alive on 3/16, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles C. Quack, M.D.

23b. ADDRESS 19 E. Lockwood

23c. DATE SIGNED 5/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/17/54

24c. NAME OF CEMETERY OR CREMATORY Vallhalla Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 5-17-54 REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Meyer-Pfitzinger Kirkwood, Mo.

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.....
Signature of Student Embalmer

Signed *William H. Putney*
Licensed Embalmer No.....
P. O. Address *Widener*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.