

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35539  
Registrar's No. 8759

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008

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) ST. LOUIS c. LENGTH OF STAY (in this place) 10 DAYS  
c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION STONE-NURSING-HOME 3 STREET ADDRESS (If rural, give location) 6241 SIMPSON AVE 207 1/2

3. NAME OF DECEASED a. (First) JOSEPHINE b. (Middle) \_\_\_\_\_ c. (Last) JOHNSTONE 4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 54

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 12-6-1879 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 9 Days 18 IF UNDER 12 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT-HOME 11. BIRTHPLACE (City and State or Foreign Country) CHICAGO- ILL 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLES-JOHNSTONE 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE HOWARD-JOHNSTONE

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. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS-DANIEL-Bishop-#4 BERRYwood. Or

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) Cerebral apo flexy 2 Wks  
ANTECEDENT CAUSES DUE TO (b) arterio-sclerosis 10 yrs.?  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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  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? 334 X

22. I hereby certify that I attended the deceased from Sept 13, 1954, to Sept. 24 1954, that I last saw the deceased alive on Sept. 17, 1954, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Welsh (Degree or title) M.D. 23b. ADDRESS 4030 Chautauq 23c. DATE SIGNED 9/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 9-27-54 24c. NAME OF CEMETERY OR CREMATORY OAK-GROVE-CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG SEP 27 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B SMITH Maplewood- MO

(Licensed Embalmer's 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.....  
Signature of Student Embalmer

Signed *J. P. Burgess*.....

Licensed Embalmer No. *702*.....

P. O. Address *Maplewood*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.