

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1956

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State File No. 39519
Registrar's No. 10435

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 39519		Registrar's No. 10435					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ Mo. b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 225 1/2 1315 N. 7th St. Apt. 1101									
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) Gordon			c. (Last) Johnston			4. DATE OF DEATH (Month) (Day) (Year) 11 15 56				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1, 1884		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hours _____	IF UNDER 1 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY Shoe Machine		11. BIRTHPLACE (City and State or Foreign Country) Nova Scotia			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Lonnie Johnston				13b. MOTHER'S MAIDEN NAME Alice Tabor				14. NAME OF HUSBAND OR WIFE Nell Johnston					
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. 497-10-7137A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nell Johnston 1315 N. 7th							
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sabur pneumonia ANTECEDENT CAUSES DUE TO (b) Renal failure DUE TO (c) Nephron nephrosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric obstruction								INTERVAL BETWEEN ONSET AND DEATH 28 hrs 5 days 5 days 3 mon			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Pyloric obstruction						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from 9/1 , 19 56 , to 11/15 , 19 56 , that I last saw the deceased alive on 11/13 , 19 56 , and that death occurred at 6:45 a. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Dr. Pranger MD						23b. ADDRESS 4952 Maryland Ave			23c. DATE SIGNED 11/15/56				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/17/56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) St. Louis		(State) Mo.				
DATE REC'D BY LOCAL REG. NOV 15 1956		REGISTRAR'S SIGNATURE Earl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral			ADDRESS 1905 Union				

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

Dr. B. H. Pranger
4952 Maryland
Fo. 1-3062

Hrs. 11-2 4-6

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 *Albert R. Thompson*

Licensed Embalmer No. 428

P. O. Address *H. Sp...*

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.