

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City, St. Louis, Mo.

(No. Mo. Baptist Hospital

791

1003

File No.....

14126

Registered No.....

3622

St. .... Ward)

2. FULL NAME Sarah E. Johnston

(a) Residence, No. 1826 N. 21st. St. St. 20 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Johnston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14-1870

7. AGE YEARS 67 MONTHS 1 DAYS 18 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John W. McDaniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT George W. Johnston (ADDRESS) 1826 N. 21st. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Redford, Mo. DATE 4-4-37

19. UNDERTAKER (ADDRESS) 1417 N. Market St.

20. FILED APR 3 1937 J. F. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2-37 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937, April 2, 1937 I last saw her alive on April 1, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m. The principal cause of death and related causes of importance were as follows:

Senile gangrene (left leg) Other contributory causes of importance: arteriosclerosis hypertension

Name of operation..... Date of..... What test confirmed diagnosis? clinical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, specify H. F. Bergman M. D. (Signed) 3720 Washington (Address)

