

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. 6702

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1368

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) OR TOWN ST. LOUIS, MISSOURI		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. LOUIS CITY HOSPITAL #1.		e. STREET ADDRESS (If rural, give location) 23 217 DOUCHOUQUETTE 2290	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MATTHEW c. (Last) JOHNSTON		4. DATE OF DEATH (Month) (Day) (Year) FEB. 6, 1956	
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-8-1878
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DAVID JOHNSTON	
13b. MOTHER'S MAIDEN NAME BECKY LUCKMAN		14. NAME OF HUSBAND OR WIFE BERTHA MAE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Johnston, 4632a Virginia
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular Accident</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Cerebral Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 2-2, 1956, to 2-6, 1956, that I last saw the deceased alive on 2-8, 1956, and that death occurred at 7:35p m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Elmer A. Schmidt M.D.</i>		23b. ADDRESS 1515 LAFAYETTE AVE	
23c. DATE SIGNED 2-7-56.		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 2-9-1956		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. Carl Smith Mo</i> McLAUGHLIN F.H., INC. 2301 Lafayette	
DATE REC'D BY LOCAL REG. FEB 8 1956		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN F.H., INC. 2301 Lafayette	

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.....
L. R. Cooper

Licensed Embalmer No. *2133*
P. O. Address *2501 Lafayette St. Harrisburg*

- 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.