

FILED FEB 18 1942
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 277

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn Arkansas Terr
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Our Lady of Good Counsel Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Elizabeth Johnson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Alfred T. Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unk. Unk. 1858
(Month) (Day) (Year)

8. AGE: 84 Years Months Days If less than one day
Unk. Unk. hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Dennis Green
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John S. Johnson
(b) Address 4610 Westminster Place

17. (a) Burial (b) Date thereof 2-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 5 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Pine Lawn Arkansas Terr
(If outside city or town limits, write "RURAL")
(d) Street No. 6825 Nat'l. Bridge Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th.
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 10th 1932 to Feb 4th 1942
that I last saw h. er alive on Feb 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Arterio sclerosis
senile type; Chr. Hypertension, senile
type; Chr. Int. Nephritis; Chr.
Due to myocarditis, senile type ?

Due to _____
Other conditions Uremia and coma 5 da.
(Include pregnancy within 3 months of death)

Major findings: 1310
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 3718 Jennings rd. Date signed 2/5/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 12 1942

Pine Lawn

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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 this body is not embalmed, fact should be so stated above.