

X32873

REGISTRATION DISTRICT NO. 1943 818

Primary Registration District No. 1003

Registrar's No. 1414

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Earl C. Johnston

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-01-5512

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Altheda 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept 28th, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Delphia Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Dist. Manager

11. Industry or business Anaconda Wire & Cable Co.

12. Name George A. Johnston

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Crouch

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl C. Johnston

(b) Address 1121 Rankin Drive

17. (a) Entombment _____ (b) Date thereof 2/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) FEB 13 1943 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 Rankin Drive Richmond Heights
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th, year 1943 hour _____ minute 5 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Feb 10, 1943, that I last saw him alive on Feb 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocardial infarction from the infarction Duration 1 day

Due to Cerebral emboli 5 days

Due to Partial thrombosis 5 days

Other conditions Choleliths, Cholelithiasis 6 mos
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

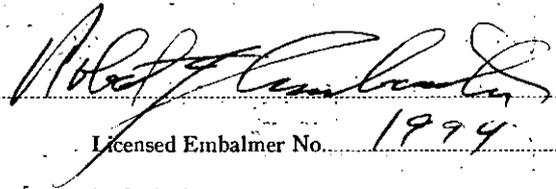
While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature J. J. Bredeek (M. D. or other) MD
Address 1952 Maryland Ave Date signed 2/11/43

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


.....
Licensed Embalmer No. 1994

P. O. Address.....

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.