

FUED JAN 5 1945

318

Registration District No.

Primary Registration District No.

Registrar's No.

11160

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital - 5600 Arsenal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/18/44 to 12/25/44 (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ella Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased December 6th 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Jmaes, W Johnson

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

14. Maiden name Josephine Devore

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

16. (a) Informant Stella Grady
(b) Address 5600 Arsenal St.

17. (a) BURIAL (b) Date thereof 12/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) DEC 27 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 25th
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11/18 1944, 19 , to 12/25 1944,
that I last saw her alive on 12/25, 19
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral arteriosclerosis Duration 20 yrs
Due to generalized arteriosclerosis 30 yrs

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy generalized arteriosclerosis

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) (e) Means of injury _____

23. Signature Paul J. Conlin (M. D. or other) M.D.
Address 5600 Arsenal Date signed 12.27

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 L.R. Cooper
Licensed Embalmer No. 3633
P.O. Address 2317 Lafayette

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.