

FILED JAN 5 1945

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Registrar's No. **11127**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CITY SANITARIUM
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos 3 das
(Specify whether years, months or days)
 In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. City Hospital
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ETTA JOHNSON
 3. (b) If veteran, name war --- 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 26
 year 1944 hour 1:00 minute A. M.
 21. I hereby certify that I attended the deceased from
October 23, 1944 to Dec 26, 1944
 that I last saw her alive on Dec 26, 1944
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced Divorced
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 11 1868
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis with Myocardial Degeneration
 Due to Senility
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

 Major findings:
 Of operations _____
 Of autopsy no

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>15</u>	_____ hr. _____ min.

PHYSICIAN

 Underline the cause to which death should be charged statistically.

9. Birthplace not known Michigan
(City, town, or county) (State or foreign country)
 10. Usual occupation nil
 11. Industry or business ---

MOTHER FATHER
 { 12. Name not known
 { 13. Birthplace not known
(City, town, or county) (State or foreign country)
 { 14. Maiden name not known
 { 15. Birthplace not known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant _____
 (b) Address 5400 Arsenal St
 17. (a) Anatomical Board (b) Date thereof 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature John P. Brueck (M. D. or other)
 Address 5400 Arsenal Date signed 12/26/44

18. (a) Signature of funeral director W. Brinker
 (b) Address 3500 Rutland
 19. (a) DEC 29 1944 (b) J. P. Brueck
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.