

FILED JAN 25 1945 818

Primary Registration District No.

1003

Registrar's No.

291

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:
Missouri Pacific Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 1 month 0
 years, months or days)

3. (a) PRINT FULL NAME HURDY LOUIS JOHNSON3. (b) If veteran, _____ 3. (c) Social Security
name war: Spanish American No. 718-07-67684. Sex Male 0 5. Color or
race White 6. (a) Single, widowed, married,
/ divorced Married6. (b) Name of husband or wife Minnie Johnson 6. (c) Age of husband or wife if
alive 62 years7. Birth date of deceased December 2, 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 1 7 hr. _____ min.9. Birthplace Ava, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Conductor11. Industry or business G.M. & O. Railroad12. Name Louis Johnson13. Birthplace Ava, Illinois
(City, town, or county) (State or foreign country)14. Maiden name Flora Williams15. Birthplace Ava, Illinois
(City, town, or county) (State or foreign country)16. (a) Informant R. L. Johnson(b) Address East St. Louis, Ill.17. (a) Removal (b) Date thereof 1-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cambell Hill, Ill.18. (a) Signature of funeral director [Signature](b) Address E. St. Louis, Ill.19. (a) JAN 10 1945 J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999
 (c) City or town East St. Louis 0
 (If outside city or town limits, write "RURAL") NR
 (d) Street No. 1916 College
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1945 hour 2 minute 35 P.M.21. I hereby certify that I attended the deceased from 2/11/44
_____, 19____, to 1/9/45, 19____;that I last saw him alive on 1/9/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac failure
 Due to Cardiac decomp.
 Due to Cor pulmonale

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 9-2-2

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(c) 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 023. Signature J. Schlenker (M. D. or other)Address 112. Pac. Hoop. Date signed 1/9/45

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..... *B. Kurran*
Licensed Embalmer No. 3162
P. O. Address East St Louis Ill

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.