

FILED DEC 21 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10694**

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:
5570 Cabanne
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **42 Years**
years, months or days)

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. **5570 Cabanne**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Eugene Littell Johnson**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
 6. (b) Name of husband or wife **Stella Cottle** 6. (c) Age of husband or wife if alive **76** years
 7. Birth date of deceased **July City 23 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	15	hr. _____ min. _____

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

10. Usual occupation **Vice President**

11. Industry or business **Shapleigh Hdwe Co.**

MOTHER FATHER { 12. Name **Wm Christy Johnson**
 13. Birthplace **Union City Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Lida Littell**
 15. Birthplace **Delaware Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Margaret Johnson**

(b) Address **5570 Cabanne**

17. (a) **Burial** (b) Date thereof **12/10/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Alexander**

(b) Address **6175 Delmar**

19. (a) **DEC 10 1945** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **8th**
 year **1945** hour **7:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 23**, 19**45**, to **Dec 8**, 19**45**;
 that I last saw him alive on **Dec 7**, 19**45**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____
 Due to _____

Other conditions _____
(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) (e) Means of injury _____

23. Signature **Jay W. Lammie** (M. D. or other) _____
 Address **3720 Washington Ave** Date signed **12/10/45**

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

FEB 21 1945

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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 *Thomas J. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis Mo*

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.