

FILED DEC 28 1945  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 11109

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 Avenue  
(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

3. (a) PRINT FULL NAME Stella Cottle Johnson

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eugene Littell Johnson

6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased 8 (Month) 31 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Pliny Dudley Cottle

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

14. Maiden name Emma Stephens

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

16. (a) Informant Eugene L. Johnson

(b) Address 5570 Cabanne Avenue

17. (a) Burial (b) Date thereof 12-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Edwin P. Meener

(b) Address 6175 Delmar Boulevard

19. (a) DEC 28 1945 (b) J. F. Bredbeck  
(Date received) (Registrar's signature)

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 Avenue  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1945 hour 4.45 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 14, 1945, to Dec. 18, 1945.  
that I last saw her alive on Dec 18, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. parasychnotone nephritic syx +  
Paralysis agitans syx.  
Ch. hypertension syx +

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1/31

Of autopsy \_\_\_\_\_

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 Edwin P. Meener (M. D. or other) \_\_\_\_\_  
Address 6601 Anright Date signed 12-19-45

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

Dr. Weimer  
6651 Emiglet.  
1-3 P.M.

JAN 25 1945

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 jos. e. mc cullough  
Licensed Embalmer No. 2460  
P. O. Address 6170 8th Ave

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.