

FILED JUL 8 1950 STANDARD CERTIFICATE OF DEATH

State File No. 22342

BIRTH NO. REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1575

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ballwin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2219 21 1421 Hogan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest No 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>10-21-1881</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months   Year Days	IF UNDER 4 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Ben Johnston</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Frank</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Pine Crest Home Records Ballwin Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422.2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1950, to June 17, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. R. Loring, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ballwin, Mo.</u>	23c. DATE SIGNED <u>6-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antoine</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-20-50</u>	REGISTRAR'S SIGNATURE <u>Herbert L. Clarke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	ADDRESS <u>4264 Manchester Ave. St. Louis 10, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

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.