No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31585

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6552

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): D.O.B.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CHILDRENS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FERGUSON 4119
d. STREET ADDRESS (If rural, give location): 218 BRUCE

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) K. c. (Last) JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year): JULY - 22 - 1951

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: JULY-7-1950
9. AGE (In years last birthday): 1 — If under 1 year: Months 0 Days 15 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): FORT SAM HOUSTON - TEXAS
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: DANA JOHNSTON
13b. MOTHER'S MAIDEN NAME: EVELYN JOHNSTONE
14. NAME OF HUSBAND OR WIFE: —

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: Dana Johnston — ADDRESS: 218 Bruce

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Transposition of the Great Vessels
DUE TO (c): Anomalous Return of Pulmonary Veins

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bilateral Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

7524.14

22. *I hereby certify that I attended the deceased from* 10-16-50 *19*__, *to* May 10, 1951, *that I last saw the deceased alive on* May 10, 1951, *and that death occurred at* 7-22-51 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Golding M.D.
23b. ADDRESS: St. Louis Childrens Hosp.
23c. DATE SIGNED: July 23, 51

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: JULY-23-51
24c. NAME OF CEMETERY OR CREMATORY: VALHALLA CREMATORY
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY - MO

DATE REC'D BY LOCAL REG.: JUL 23 1951
REGISTRAR'S SIGNATURE: J. B. Foster
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Tanner — ADDRESS: 6107 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed NOT EMBALMED

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.