S. No. 300
. 10.48

FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34552

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2319

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 13 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 55 - SYLVESTER

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): WEBSTER GROVES 4587 0
d. STREET ADDRESS (If rural, give location): 55 SYLVESTER AVE

3. NAME OF DECEASED (Type or Print)
a. (First) EUGENE b. (Middle) SAMUEL c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): AUG-29-1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: SEP'T-26-1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ARCHITECT
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING
11. BIRTHPLACE (City and State or Foreign Country): ROLLA-MO 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ELIZABETH RAE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 492-20-8848
17. INFORMANT'S SIGNATURE OR NAME: EUGENE S. JOHNSON — ADDRESS: WEBSTER GROVES, MO

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) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous infarct 1944
DUE TO (c) Arteriosclerosis — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular disease, Thrombosis — 1½ yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Aug 28, 1953, *that I last saw the deceased alive on* Aug 6, 1953 *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Kingsley Webb M.D. 0
23b. ADDRESS: 721 Olive St. St Louis Mo.
23c. DATE SIGNED: 8-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: SEP'T-1-1953
24c. NAME OF CEMETERY OR CREMATORY: ROLLA-MO-CEM
24d. LOCATION (City, town, or county) (State): ROLLA MO

DATE REC'D BY LOCAL REG.: 8/29/53
REGISTRAR'S SIGNATURE: Herbert Jonke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Parker-Aldrich Fun Home — ADDRESS: Webster Groves

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.