

FILED SEP 26 1956

STATE FILE NUMBER

32140

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8140

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in 1b	d. STREET ADDRESS 928 No. 6th St		
3. NAME OF DECEASED (Type or print) First Middle Last Earl D. Johnston			4. DATE OF DEATH Month Day Year August 30, 1956			
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 6 1907	9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (City and state or country) Redford Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Johnston			14. MOTHER'S MAIDEN NAME Sarah McDaniel			
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. 488-01-2059	17. INFORMANT Mrs Audrey Johnston St. Charles			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Friedlander's pneumonia					INTERVAL BETWEEN ONSET AND DEATH 11 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hodgkins Disease		DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from August 25, 1956 to August 30, 1956 and last saw her alive on Aug. 30, 1956 Death occurred at 9:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE C. O. McMillan M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 8/31/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept. 4 1956	23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) St Charles Mo		
24. FUNERAL DIRECTOR Arthur C. Bane Sr. Charles Mo.		25. DATE RECD. BY LOCAL REG. SEP 4 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.		

(Licensed Embolmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
Signature of Student Embalmer

Signed *Arthur C. Bane*.....

Licensed Embalmer No. *314*

P. O. Address *S. C. Lane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.