Health, Welfare Public Service

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FILED MAY 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020472

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1281

1. PLACE OF DEATH
a. COUNTY ST. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Ladue — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 21 Oakleigh Lane — Length of stay in 1b YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST. Louis
c. CITY OR TOWN ~~ST.~~ Ladue 4431 O — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 21 Oakleigh Lane — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Lillian Middle M. Last Johnson

4. DATE OF DEATH Month 5 Day 11 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 7-6-1877
9. AGE (In years last birthday) 80 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) ST. Louis Mo O
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm H Niebling
13b. MOTHER'S MAIDEN NAME Margaret Burke
14. NAME OF HUSBAND OR WIFE Dr E. Horace Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Horace B Johnson Address 21 Oakleigh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH 12 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Myocarditis
DUE TO (c) Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ O

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1946, to May 11, 1958 and last saw her/him alive on May 6, 1958
Death occurred at 10:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward Niebling MD O
22b. ADDRESS 3903 Olive St. Louis Mo
22c. DATE SIGNED 5/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-14-58
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem
23d. LOCATION (City, town, or county) ST. Louis Co (State) Mo

24. FUNERAL DIRECTOR A. Kron ADDRESS 2707 N Grand
25. DATE RECD. BY LOCAL REG. 5-12-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.