URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-033940

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8091

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 1 MO

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DePaul — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: St. Clair

c. CITY OR TOWN: — Inside Limits: Yes [ ] No [ ]

d. STREET ADDRESS (If outside, give location): R.R.# 2 Freeburg — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Ann — Middle: Mae — Last: Johnson

4. DATE OF DEATH: Month: August — Day: 31, — Year: 1959

5. SEX: female

6. COLOR OR RACE: white

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 1-21-1893

9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: Own Home

11. BIRTHPLACE (City and state or country): Granden, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Rutledge

13b. MOTHER'S MAIDEN NAME: Carrie Moore

14. NAME OF HUSBAND OR WIFE: W.A. 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.: NONE

17. INFORMANT: J. Glenn Johnson — Address: R.R.2 Freeburg, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Uremia — Uremia — 1 MO

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chr. Nephritis — Chr. Nephritis — indefinite

DUE TO (c): 592X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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.): 8-1-59

20f. CITY, TOWN, OR LOCATION: 8-31-59 — COUNTY: 8-30-59 — STATE: [illegible]

21. I attended the deceased from [illegible], to [illegible] and last saw her/him alive on [illegible]

Death occurred at 8:30 A.M. [illegible] m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L.D. Cassidy (Degree or title) M.D. — [illegible]

22b. ADDRESS: 4952 Maryland — [illegible]

22c. DATE SIGNED: [illegible]

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Aug 31 1959

23c. NAME OF CEMETERY OR CREMATORY: Valhalla

23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR: George M. Renner — ADDRESS: Belleville, Ill.

25. DATE RECD. BY LOCAL REG.: SEP 1 1959

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by Not embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed George M. Penner

Licensed Embalmer No. 5051

P. O. Address Bellville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.