

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
 (a) County Saint Louis
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Adm: 10-11-39
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME Virgil G. Harms 652
 3. (b) If veteran, name war Peace time 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased January 10, 1914
 (Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Flanagan Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 1

12. Name Not known
 13. Birthplace Not known
 (City, town, or county) (State or foreign country)

14. Maiden name Wilma Harms CON
 (City, town, or county) (State or foreign country)
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinical Clerk, Veterans
 (b) Address Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof Nov. 17, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation National Cemetary

18. (a) Signature of funeral director C. Hoffmeister W. L. Co.
 (b) Address 7814 S. Broadway

19. (a) NOV 16 1939 (b) C. R. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County -
 (c) City or town Saint Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4862 Hanover Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? -- years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 14
 year 1939 hour 10 minute 50 AM.
 21. I hereby certify that I attended the deceased from October
11, 1939 to November 14, 1939

that I last saw him alive on November 14, 1939;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Brain abscess (frontal) secondary to Osteomyelitis of skull incident to Gunshot wound, self-inflicted, Jan. 1939.
 Due to 154
 Other conditions --
 (Include pregnancy within 3 months of death)

Major findings: 10-24-39 Incision, curette-
ment and drainage, frontal & ethmoid
sinuses.
 Of autopsy not made No autopsy.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Self inflicted GSW
 (b) Date of occurrence January, 1939

(c) Where did injury occur? Jeff. Bks., Army Post,
Jeff. Bks., Mo. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Camp (Specify type of place) (e) Means of injury

23. Signature C. W. Hughes, Chief Med. Off. (M. D. or other) 11-14-39
 Address VAF., Jeff. Bks., Mo. Date signed

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Edwin H. Leibinger

Licensed Embalmer No. *4049*

P. O. Address *6464 Chippewa*

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, above space should be left blank.