

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
(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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 3/11/41
Since 3/11/41 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Lebanon
(If outside city or town limits, write "RURAL") 11
(d) Street No. 107 South Alton
(If rural, give location) 0
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 41 hour 3:25 minute P.M. M.
21. I hereby certify that I attended the deceased from March
11th 19 41 to April 30th 19 41
and that death occurred on the date and hour stated above.

that I last saw h. im alive on April 30th 19 41
Immediate cause of death Chronic Gastric Ulcer, perforated, with generalized peritonitis. Duration Unknown

Due to Arteriosclerosis, general, severe, with chronic Nephritis and
Uremia.
Due to Uremia.

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations --
Of autopsy Yes - See cause of death.
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ralph E. Whitaker

3. (b) If veteran, name war World 3. (c) Social Security No. None

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 April 19 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 - 11 -- hr. -- min.

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

10. Usual occupation Stenographer

11. Industry or business --

12. Name Sam Whitaker

13. Birthplace Illinois
(State or foreign country)

14. Maiden name Adeline Cobb

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

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) BURIAL (b) Date thereof MAY 2 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7815 S. Broadway

19. (a) MAY - 2 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) --
(b) Date of occurrence --
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? --

While at work Chief Medical Officer (Specify type of place) (Means of injury)

23. Signature C. W. HUGHES, M.D. (M. D. or other) 0
Address Chief Medical Officer. Date signed

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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