V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11350

LED APR 1 - 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 581

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Adm. Jan.8,1943 (Specify whether
In this community Since Jan.8,1943 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County 11
(c) City or town Troy 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME Oscar K. Close
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 332-01-7237
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Catherine
6. (c) Age of ~~husband or~~ wife if alive 41 years
7. Birth date of deceased June (Month) 6, (Day) 1885 (Year)

8. AGE: Years 57 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Green County, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)
16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardville Ill.
18. (a) Signature of funeral director Straube Funeral Home
(b) Address Edwardville Ill.
19. MAR 11 1943 (Date received local registrar) (b) E.G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th, year 1943 hour 4:40 minute A. M.
21. I hereby certify that I attended the deceased from January 8, 1943, to March 11, 1943 that I last saw him alive on March 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.	Unknown
Due to -	
Due to -	
Other conditions NEPHRITIS, CHRONIC, WITH NITROGEN RETENTION. (Include pregnancy within 3 months of death)	Unknown

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Major findings: Of operations 3/5/43. Exploratory celiotomy, appendectomy and resection of abdominal adhesions.
Of autopsy Autopsy performed. See cause of death.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 3/11/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1949

MAY 6 1953

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 Wm. J. Hirons

Licensed Embalmer No. 4319

P. O. Address .....

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, fact should be so stated above.