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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37035

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10300

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

20
17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo Baptist ~~Memorial~~ Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ill (b) County Cumberland 11

(c) ~~City~~ or town Toledo Ill (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. N R
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 7

3. (a) PRINT FULL NAME Frank Woodrow Vermillion

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lola Vermillion

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 22nd (Day) 1883 (Year)

8. AGE: Years 60 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Cumberland Co (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Crops

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name America Vermillion
15. Birthplace Unknown (City, town, or county) Ill (State or foreign country)

16. (a) Informant Hazel Vermillion
(b) Address 1130 Louisville ave, City

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov 26th 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Toledo, Ill

18. (a) Signature of funeral director Chas E Hiles
(b) Address Greenup Ill

19. (a) NOV 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th year 1943 hour 5:15 minute A.M.

21. I hereby certify that I attended the deceased from November 12, 1943, to November 24, 1943 that I last saw him alive on November 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ascending inflammation of Biliary Tract - Acute Cholecystitis	4 days
Due to Tumor of Pancreas (Carcinoma?)	11 Mo.
Due to Neoplasm of Liver	2 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Tumor of Pancreas
Of autopsy Ascending inflammation of Biliary duct, Tumor of Pancreas

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) —

(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 Alfred M Lankenau (M. D. or other) M.D.

Address 5427 [illegible] Date signed Nov 24 43

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E Miles

Licensed Embalmer No. Ill 5650

P. O. Address Greenup Ill

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.