No. 2 -
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15797

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 818

1. PLACE OF DEATH:

(a) County St. 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, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. March 27, 1944 (Specify whether)

In this community Since March 27, 1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County - - 9 1 4

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1429 Gross St. 11
(If rural, give location)

(e) Citizen of foreign country? - - 0 (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME LOUDERMILK, Bertie H.

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No Yes, not rem.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband~~ wife Mrs. Julia Loudermilk

6. (c) Age of ~~xxxxxxx~~ wife if alive 42 years

7. Birth date of deceased January (Month) 14, (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	2	17	hr. min.

9. Birthplace Gowen, Oklahoma. (City, town, or county) / (State or foreign country)

10. Usual occupation Fitter -

11. Industry or business Am. Car & Fdry., Madison, Ills.

FATHER
12. Name Bumb Loudermilk,
13. Birthplace Unknown (City, town, or county) Unavail. 9 (State or foreign country)

MOTHER
14. Maiden name Emma -(Unavailable)
15. Birthplace Unknown (City, town, or county) Unavail. 9 (State or foreign country)

16. (a) Informant M. Schillig Cl. Clk.,

(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director John J Kassly

(b) Address 110 N 9th St. East St. Louis Ill

19. (a) APR 6 - 1944 (Date received local registrar) (b) E. G. McGovran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.
year 1944 hour 5:35 PM. minute M.

21. I hereby certify that I attended the deceased from March 27, 1944 to April 1, 1944;
that I last saw him alive on April 1, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MENINGITIS, PNEUMOCOCCUS, TYPE V.	About 8-days
Due to - -	
Due to - -	
Other conditions PNEUMONIA, LOBULAR, RIGHT, TYPE V. (Include pregnancy within 3 months of death)	About 2½ weeks

Major findings:
Of operations No operation
Of autopsy No autopsy

107

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? [signature] Means of injury 0

23. Signature L.M. COCHRAN, M.D., (M.D. or other)

Address Chief Medical Officer Date signed 4-3-44

707

(Licensed Embalmer's Statement on Reverse Side) Jefferson Barracks, Mo.

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.

not Embalmed

Signed John J Kassly

Licensed Embalmer No. Ill 6855

P. O. Address East St Louis, 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.