

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43792**
Registrar's No. **2730**

National Office of Vital Statistics

Registration District No. **277**

Primary Registration District No. **6076**

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **1 day** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**

(c) City or town **Rhineland**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural RR1**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country

3. (a) PRINT FULL NAME **DALLER, Virgil Joseph**

3. (b) If veteran, name war **WW-2**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Betty**

6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **February 16 1922**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
25	10	14hr.min.

9. Birthplace **Rhineland, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Joseph Daller**

13. Birthplace **Rhineland, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Coleman**

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

16. (a) Informant **Registrar**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **1/2/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Rhineland, Missouri**

18. (a) Signature of funeral director **A.H.Hoppe Fu.Home**

(b) Address **4700 Washington, St. Louis, Mo.**

19. (a) **12-30-47** (Date received local registrar)

(b) **Corral of St. Louis** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **29**
year **1947** hour **9:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **December 29 1947**, to **December 29 1947**;
that I last saw him alive on **December 29, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **HEAD INJURY, BULLET WOUND, SELF INFLICTED**

Due to **-**

Due to **-**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **Coroner's Case**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **12/29/47**

(c) Where did injury occur? **Rhineland, Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**
While at work? **no** (Specify type of place)

Means of injury **L.E. Stilwell**

23. Signature **L.E. Stilwell** (M. D. ~~xxxx~~)
Address **Jefferson Barracks, Mo.** Date signed **12/30/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

VS DEC 8 1959

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 Elmo R. Cadwell
Licensed Embalmer No. 4077

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.