No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 3407

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15041

Primary Registration District No. 6076

Registrar's No. 1087

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks, Mo.
(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: 7 Days (Specify whether years, months or days)

In this community: 7 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No.: 3529 Cambridge
(If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: SAMS, Glenn W.

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: Grace H.

6. (c) Age of husband or wife if alive: 29 years

7. Birth date of deceased: November 5, 1918 (Month) (Day) (Year)

8. AGE: Years 29 | Months 5 | Days 24 | If less than one day: hr. min.

9. Birthplace: Topeka, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Machine Operator

11. Industry or business:

FATHER
12. Name: Leo W. Sams
13. Birthplace: - Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Gertrude Meek
15. Birthplace: - Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery

18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester, St. Louis, Mo.

19. (a) 4-29-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 29 year: 1948 hour: 2:40 minute: A. M.

21. I hereby certify that I attended the deceased from April 22, 1948 to April 29, 1948 that I last saw him alive on April 29, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: LEUKEMIA, STEM CELL, HEMORRHAGE SECONDARY TO GASTRO INTESTINAL TRACT, MYOCARDIUM MUSCLES

Due to:

Contributory cause: PULMONARY EDEMA

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Autopsy performed (See cause of death)

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify): None

(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:

(f) Signature: L.E. Stilwell, M.D.

Address: Jefferson Barracks, Mo. Date signed: 4/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1961

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.