

No. 300  
10-47  
5-17-39  
PI 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28529  
Registrar's No. 1939

Registration District No. 317

Primary Registration District No. 6076

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 21 Days  
In this community 21 Days  
years, months or days (Specify whether)

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

3: (a) PRINT FULL NAME SERVISS, John F.  
3. (b) If veteran, name war World I  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased June 19 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 1 24 hr. min.

9. Birthplace Sharon, Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name George Serviss

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mary I. Kelly

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Removal (b) Date thereof 8/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 8/17/48 (b) Cecil G. Davis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13  
year 1948 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from July 23, 1948 to August 13, 1948  
that I last saw him alive on August 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative Cerebrovascular Accident  
Duration

Due to -

Due to -

Other conditions None  
(Include pregnancy within 5 months of death)

Major findings: 8/12/48 Pneumonectomy, right lower lobe -CA of Lung  
Of operations  
Of autopsy No autopsy

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) 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? -

While at work? (Specify type of place) Means of injury -

23. Signature L. E. Stillwell (M. D. Ill.)

L. E. Stillwell, M.D.  
Address VA H. Joff. Bcs., Mo. Date signed 8-14-48

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

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**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

*Robert M. Murray*

Licensed Embalmer No.

*3749*

P. O. Address

*St. Louis, Mo*

**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.**