

No. 300
-10-47
-17-39
-1 3908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31650

State File No.

FILED OCT 4 1948
Registration District No. 1948 7

Primary Registration District No. 6026

Registrar's No. 2156

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 61 Days
(Specify whether years, months or days)

In this community 61 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin 499

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

(d) Street No. 303 E. Walnut Street
(If rural, give location)

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

3. (a) PRINT FULL NAME LOCHRANE, John

3. (b) If veteran, name war World I

3. (c) Social Security No. Unk

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 16 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business

12. Name John Lochrane

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

14. Maiden name Mary Murray

15. Birthplace Scotland
(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 Sept. 18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gillespie, Illinois

18. (a) Signature of funeral director Petz Undertaking Co.

(b) Address 3029 Lafayette, St. Louis, Mo.

19. (a) 9-16-48 (b) Carla J. Stupp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16
year 1948 hour 2:20 minute 8 M.

21. I hereby certify that I attended the deceased from July 17, 1948, to September 16, 1948.
that I last saw him alive on September 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE CARDIO VASCULAR DISEASE, CARDIAC DECOMPENSATION

Contributory cause: Chronic Nephritis, Uremia

Duration
Unk

Due to 131 B

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Autopsy performed

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) (e) Means of injury

Signature L.E. Stilwell
Address VAH, Jeff. Brks. Mo. Date signed 9/16/48

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

MOTHER FATHER

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 *David Tau Fossom*.....

Licensed Embalmer No..... 4242.....

P. O. Address 3029 Lafayette Ave,.....

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.