S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 3127

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35062

Registrar's No. 2544

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 16 Days (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Marion 999
(c) City or town Centralia
(If outside city or town limits, write "RURAL") 11
(d) Street No. 238 North Douglas 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME BLAND, Vernon V.
3. (b) If veteran, name war World II
3. (c) Social Security No. 33312 2657
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased September (Month) 11 (Day) 1915 (Year)
8. AGE: Years 33 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Ocoone, (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business
FATHER 12. Name John Bland
13. Birthplace Shelbyville / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Shelbyville / (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Illinois
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S.Bdwy St.Louis, Mo.
19. (a) 10-30-48 (Date received local registrar) (b) Cecil J. Hoffmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29 year 1948 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from October 13, 1948, to October 29, 1948; that I last saw him alive on October 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death RECURRENT BRAIN TUMOR, RIGHT PARIETAL, TEMPORAL REGION	Unk
Due to 57d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 12/8/46 Brain Tumor removal at Barnes Hospital
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? While at work? L.E. Stilwell (Industry or place) (e) Means of injury 0
23. Signature L.E. Stilwell Chief, Professional Services
Address VAH, Jeff.Bks, Mo. Date signed 10/29/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1949

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.