

FILED MAR 8 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 7020

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. LENGTH OF STAY (In this place) 3 days	
c. CITY (If outside corporate limits, write RURAL and give township) Zeigler,		d. STREET ADDRESS (If rural, give location) 208 Orchard Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital		e. ADDRESS 0	
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) W. c. (Last) NORTHERNER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1903
9. AGE (In years last birthday) 45		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 11 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Camelton, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Willis Northerner		13b. MOTHER'S MAIDEN NAME Jane Hutchinson	
14. NAME OF HUSBAND OR WIFE Myrtle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World II	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) OSTEOGENIC SARCOMA WITH METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 196X DUE TO (c) 554 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEMORRHAGE - LARYNGEAL EDEMA	
18. INTERVAL BETWEEN ONSET AND DEATH Unknown		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION 6/29/48		19b. MAJOR FINDINGS OF OPERATION Resection rt. superior Maxilla	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 6, 1949 , to Feb. 9, 1949 , that I last saw the deceased alive on Feb. 9, 1949 , and that death occurred at 1:35A m. , from the causes and on the date stated above.			
23a. SIGNATURE L.E. Stilwell, M.D. Chf. Prof. Services		23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.	
23c. DATE SIGNED 2/9/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-9-49		24c. NAME OF CEMETERY OR CREMATORY Zeigler Ill	
24d. LOCATION (City, town, or county) (State) St. Louis		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary	
25. ADDRESS 4104 Manchester St. Louis		DATE REC'D BY LOCAL REG. 2/10/49	
REGISTRAR'S SIGNATURE Shirley D. Lunn		REGISTRAR'S ADDRESS	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address *St. Louis 10 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.