

No. 300  
10.48

FILED MAR 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

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

96000

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6676</u>		Registrar's No. <u>458</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Sangamon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jeff. Brks.</u>		c. LENGTH OF STAY (In this place) <u>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Admin. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>109 So. State St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Joseph</u>			a. (First)		b. (Middle)		c. (Last) <u>ELY</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8/2/87</u>		9. AGE (In years last birthday) <u>61</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Alba, Italy</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unavailable</u>			13b. MOTHER'S MAIDEN NAME <u>Unavailable</u>			14. NAME OF HUSBAND OR WIFE <u>Allia L.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>Army</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE F. NOLAN, Registrar VAH, Jeff. Brks.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>None does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RHEUMATIC HEART DISEASE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		DUE TO (b) <u>416x</u>							
		DUE TO (c) <u>45</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>none</u>		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) _____		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 <u>Feb. 8, 1949</u> to <u>Feb. 23, 1949</u> , that I last saw the deceased alive on <u>Feb. 23, 1949</u> , and that death occurred at <u>7:15 A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. E. Stilwell</u> (Degree or title)				23b. ADDRESS <u>VAH, Jeff. Brks. Mo.</u>			23c. DATE SIGNED <u>2/24/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Springfield, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>2-23-49</u>		REGISTRAR'S SIGNATURE <u>Thurman Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.H. Hoppe</u>		ADDRESS <u>4704 Washington, St. Louis, Mo.</u>			

THE REGION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DECEASED'S NAME LAST FIRST MIDDLE (Print or Type)		SEX MALE FEMALE	
AGE (Print or Type)		RACE (Print or Type)	
BIRTH DATE (Print or Type)		BIRTH PLACE (Print or Type)	
DECEASED'S ADDRESS (Print or Type)		CITY (Print or Type)	
COUNTY (Print or Type)		STATE (Print or Type)	
DECEASED'S OCCUPATION (Print or Type)		CAUSE OF DEATH (Print or Type)	
DECEASED'S MARITAL STATUS (Print or Type)		DECEASED'S RELIGION (Print or Type)	
DECEASED'S EDUCATION (Print or Type)		DECEASED'S SERVICE (Print or Type)	
DECEASED'S SOCIAL SECURITY NUMBER (Print or Type)		DECEASED'S FEDERAL IDENTIFICATION NUMBER (Print or Type)	
DECEASED'S MOTHER'S MAIDEN NAME (Print or Type)		DECEASED'S FATHER'S NAME (Print or Type)	
DECEASED'S BIRTH RECORD NUMBER (Print or Type)		DECEASED'S DEATH RECORD NUMBER (Print or Type)	

MAR 30 1949

MAR 25 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

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_  
 Student \_\_\_\_\_  
 Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_ No Embalm

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.



VETERANS ADMINISTRATION  
HOSPITAL  
Jefferson Barracks 23, Missouri

11008-  
49

March 31, 1949

YOUR FILE REFERENCE:

Bureau of Vital Statistics  
601 South Brentwood Boulevard  
Clayton, Missouri

Attention: Mrs. Allen

Gentlemen:



IN REPLY REFER TO: 92HP10ME  
ELY, Joseph  
Reg. No. 73858

This is to advise that the date of death shown on Death Certificate issued by this office on Joseph Ely is in error. The date should read February 24, 1949 in lieu of February 23, 1949.

Very truly yours,

*Eugene F. Nolan*  
EUGENE F. NOLAN  
Registrar

*March 31, 1949*

*Eileen Cliffe*

Commission Expires October 25, 1950

Inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

THE UNIVERSITY OF CHICAGO

PHILOSOPHY DEPARTMENT

1964

PHILOSOPHY DEPARTMENT  
1100 EAST 58TH STREET  
CHICAGO, ILLINOIS 60637

1964

1964

PHILOSOPHY DEPARTMENT  
1100 EAST 58TH STREET  
CHICAGO, ILLINOIS 60637

1964

1964

1964

1964

1964

1964