

S. No. 300
V. 10.48

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Stat. File No. 11027

96000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6075		Registrar's No. 358	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Admin. Hosp.				d. STREET ADDRESS (If rural, give location) 5220-A Kensington			
3. NAME OF DECEASED (Type or Print) a. (First) Gilbert			b. (Middle) W.		c. (Last) Joergens		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1949
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 6-28-94	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 4 Days 17		IF UNDER 11 HRS. Hours 1 Min. 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred Joergens			13b. MOTHER'S MAIDEN NAME Katherine Laux		14. NAME OF HUSBAND OR WIFE -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 10-2-17--12-17-17 489206257		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EUGENE F. NOLAN, Registrar VAH, Jeff Brks,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES DUE TO (b) Rheumatic Heart Disease <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Mitral Stenosis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 92					INTERVAL BETWEEN ONSET AND DEATH Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 March 4, 1949 , to March 4, 1949 , that I last saw the deceased alive on March 10, 1949 , and that death occurred at 10:40 PM from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell (Degree or title) L.E. STILWELL, Chief of Professional Ser. VAH, Jeff. Brks, Mo.				23b. ADDRESS		23c. DATE SIGNED 3-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 3-7-49		REGISTRAR'S SIGNATURE Thuid Volunigam		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Matt Herman, Fair & Florissant			

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.

Signed.....
Student Embalmer

Signed William G. Burkholz

Licensed Embalmer No. 2110

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.