

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22191

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1327

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ado</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Barracks, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>88</u>		d. STREET ADDRESS (If rural, give location) <u>5894 Romaine Pl.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>A</u> c. (Last) <u>TERNEY, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1949</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>May 19, 1891</u>		9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S M maiden name <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Simcox</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>495 22 6704</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene F. Nolan, Registrar Vet. Adm. Hosp., Jeff. Brks., Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Esophagus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Cancer of mouth and right breast</u>			3 months
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>170x 50</u>

19a. DATE OF OPERATION <u>3-22-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Radical Mastectomy Ca of Breast</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3-11-49		5/27/49 Gastrostomy			----- Biopsy of Soft palate Ca of palate	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 Mar. 7, 1949 to June 3, 1949 that I last saw the deceased alive on June 3, 1949 and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Stilwell</u> (Degree or title) <u>L. E. STILWELL, M.D. Ch. Prof. Services</u>		23b. ADDRESS <u>Vet. Adm. Hosp., Jeff. Brks., Mo.</u>		23c. DATE SIGNED <u>6/4/49</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-6-49</u>		REGISTRAR'S SIGNATURE <u>Theresa Lunge</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart &amp; Son, 1225 Union, St. Louis, Mo.</u>			

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

**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 \_\_\_\_\_

*Oliver P. Padwell*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4077

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.