No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 17 1949

THE DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

State File No. 28850

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6876 Registrar's No. 1856

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jeff. Brks., Mo.
c. LENGTH OF STAY (in this place): 57 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET.ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Gal
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cora
d. STREET ADDRESS (If rural, give location): RR #1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): L.
c. (Last): CHOATE JR.

4. DATE OF DEATH (Month) (Day) (Year): JULY 31, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 8/12/25
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION WORKER
11. BIRTHPLACE (State or foreign country): Cora, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lawrence Choate
13b. MOTHER'S MAIDEN NAME: Lela Smith
14. NAME OF HUSBAND OR WIFE: - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: 318-20-9502
17. INFORMANT'S SIGNATURE OR NAME: EUGENE F. NOLAN, REGISTRAR — **ADDRESS**: VET.ADM.HOSP., JEFF.BRKS., MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/24, 1949, *to* 7/31, 1949, *that I last saw the deceased alive on* 7/31, 1949 *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.A. FRANKLIN M.D.
(Degree or title): (O.D.)
23b. ADDRESS: V.A. HOSP., JEFF.BRKS., MO.
23c. DATE SIGNED: 7/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Aug. 3, 1949
24c. NAME OF CEMETERY OR CREMATORY: BUCHANNAN
24d. LOCATION (City, town, or county) (State): JACKSON COUNTY, ILL.

DATE REC'D BY LOCAL REG.: 7-31-49
REGISTRAR'S SIGNATURE: Herbert R. Hendricks M.D.
25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side): Oscar C. Schroeder
ADDRESS: OSCAR C. SCHROEDER & SON CHESTER, ILL.

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 Oscar B. Schroeder

Licensed Embalmer No. 1751

P. O. Address Cahokia, Ill.

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.