

No. 300
10.48

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43243**
04840
Registrar's No. _____

960
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. _____	
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>73</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Brks. Mo.</u>		c. LENGTH OF STAY (In this place) <u>136 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		d. STREET ADDRESS (If rural, give location) <u>321 Memphis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>WHEELER</u> b. (Middle) _____ c. (Last) <u>GLOVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/31/49</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>7/12/22</u>	9. AGE (In years last birthday) <u>27 yrs</u>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS* OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>West Point, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jim Glover</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Cherry</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World II</u>		16. SOCIAL SECURITY NO. <u>426188725</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. A. HOSPITAL RECORDS</u>			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF COLON</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u>	
19a. DATE OF OPERATION <u>9/7/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Abdominal Carcinomatosis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (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>8/17/49</u> , to <u>12/31/49</u> , and that death occurred at <u>2:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>E. A. GENDALL M.D.</u>				23b. ADDRESS <u>V.A. Hospital, Jeff. Brks. Mo.</u>		23c. DATE SIGNED <u>1-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Point, Mississippi</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>1-2-49</u>		REGISTRAR'S SIGNATURE <u>Berbert R. Wombe, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL HOME ST. LOUIS, MO.</u>			

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 _____

Thomas J. Bates

Licensed Embalmer No. 4259

P. O. Address 407 7th St

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.

1/5/50

REMOVED