

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH43264
State File No. 04777
Registrar's No.

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No.	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SL			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) JEFFERSON BRKS, MO.		c. LENGTH OF STAY (in this place) 13 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) 19 ST. LOUIS		d. STREET ADDRESS (If rural, give location) 3848 W. PINE ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL				3. NAME OF DECEASED a. (First) WALTER b. (Middle) PLAGER c. (Last) JONES			
4. DATE OF DEATH DECEMBER 25 1949		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH 10-4-87		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) METAL POLISHER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) SILICA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN JONES		13b. MOTHER'S MAIDEN NAME LOUISE MARTIN	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
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) CEREBRAL VASCULAR ACCIDENT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS				INTERVAL BETWEEN ONSET AND DEATH 7 DAYS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
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 DEC 12th, 1949 , to DEC 25th, 1949 , and that death occurred at 3:50 a. m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Max Onahood	
23b. ADDRESS JEFFERSON BARRACKS, MISSOURI		23c. DATE SIGNED 12/25/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 28, 1949	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hofmeister		ADDRESS U. & L. CO. 7814 S. Bdwj; St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 12-26-49		REGISTRAR'S SIGNATURE Berbert R. Womke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hofmeister		ADDRESS U. & L. CO. 7814 S. Bdwj; St. Louis, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Levin E. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.