

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3421

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 309	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 97 days		c. CITY (If outside corporate limits, write RURAL and give township) Eureka Springs		7020	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VAH Jefferson Brks., Mo.				d. STREET ADDRESS (If rural, give location) 26 Kingshighway			
3. NAME OF DECEASED (Type or Print) a. (First) GROVER b. (Middle) D. c. (Last) KAERICHER			4. DATE OF DEATH Month Feb. Day 4 Year 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-27-88	9. AGE (In years last birthday) 61 Yrs	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) West Liberty, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Perry Kaericher		13b. MOTHER'S MAIDEN NAME Rebecca Ingerham		14. NAME OF HUSBAND OR WIFE Ethel Georgia Kaericher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. WV1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Squamous cell carcinoma, External Auditory Canal, Lft. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH Unknown
19a. DATE OF OPERATION 1-13-50 (Gastrectomy)		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1991			
22. I hereby certify that I attended the deceased from Oct. 31, 1949 , to Feb. 4, 1950 , that his death was caused by the causes and that death occurred at 11:50am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i>			23b. ADDRESS Vet. Adm. Hosp., Jeff Brks., Mo.			23c. DATE SIGNED 2-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 4-1950		24c. NAME OF CEMETERY OR CREMATORY Perrysburg, Ohio		24d. LOCATION (City, town, or county) (State) Perrysburg, Ohio	
DATE REC'D BY LOCAL FEB. 4 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L., Co., 7814 So. Broadway St. Louis, Mo.			

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

APR 20 1950

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.....
Student Embalmer

Signed *H. amey Schumacher*

Licensed Embalmer No. *2679*

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.