

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7162
Registrar's No. 476

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		State File No. 7162		Registrar's No. 476			
1. PLACE OF DEATH a. COUNTY ST. LOUIS					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.			c. LENGTH OF STAY (In this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST ST. LOUIS			8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL					d. STREET ADDRESS (If rural, give location) 1120 S. 14th St.						
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) M. MAY		c. (Last) KOGER			4. DATE OF DEATH (Month) (Day) (Year) 2 22 1950			
5. SEX M		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6/17/88		9. AGE (In years) (If under 1 year last birthday) (If under 1 year Months) (If under 1 year Days) (If under 1 year Hours) (If under 1 year Min.) 61 8 5			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crawford, Miss.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Sam Koger			13b. MOTHER'S MAIDEN NAME UNK			14. NAME OF HUSBAND OR WIFE LILLIAN KOGER					
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. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.A. Hospital Records, 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, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOUS MENINGITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MILIARY TUBERCULOSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 610X						20. AUTOPSY? YES <input checked="" 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) VA m.		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 1/23/50, 19, to 2/22/50, 19, that I declare the cause of death as <u>TUBERCULOUS MENINGITIS</u> , and that death occurred at 10:30A m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) DONALD W. BUSSMANN, M.D.					23b. ADDRESS V.A. HOSPITAL, JEFF. BRKS. MO.			23c. DATE SIGNED 2/22/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-27-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		24d. LOCATION (City, town, or county) (State) JEFFERSON BRKS., MO.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 23 1950 Herbert R. Womke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE OFFICER FUN. HOME, EAST ST. LOUIS, ILL.									

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Ben. H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address St. Louis, 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.