S. No. 300
10 48

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22322

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1443

1000
0

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

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) 25 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETS. ADM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, 2179
d. STREET ADDRESS (If rural, give location) 17 4008A FLAD ST.

3. NAME OF DECEASED (Type or Print)
a. (First) GLEN
b. (Middle) V.
c. (Last) DILLEY

4. DATE OF DEATH (Month) (Day) (Year) JUNE 8, 1950

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /

8. DATE OF BIRTH 5-9-99

9. AGE (In years last birthday) 51
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) DRY CLEANING

10b. KIND OF BUSINESS OR INDUSTRY - - - - - - - - -

11. BIRTHPLACE (State or foreign country) SHELBYVILLE, ILLINOIS /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE

13b. MOTHER'S MAIDEN NAME ALICE MARTIN

14. NAME OF HUSBAND OR WIFE BARBARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA, RIGHT MIDDLE LOBE — INTERVAL BETWEEN ONSET AND DEATH: 10 MONTHS

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 LAENNEC'S CIRRHOSIS OF THE LIVER — UNKNOWN
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 162X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 5-14-50, 19__, *to* 6-8-50, 19__, ~~[illegible]~~ *and that death occurred at* 11.45p *m., from the causes and on the date stated above.*

23a. SIGNATURE L. E. Stilwell MD. (Degree or title) L.E.STILWELL, CHF. OF PROFESSIONAL SERV.

23b. ADDRESS JEFFERSON BARRACKS, MO.

23c. DATE SIGNED 6-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-9-1950

24c. NAME OF CEMETERY ~~OR CREMATORY~~ Glenwood Cem

24d. LOCATION (City, town, or county) (State) Shelbyville Ills.

DATE REC'D BY LOCAL REG. JUN 9 1950

REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROWLAND MORTUARY 4106 MANCHESTER ST. LOUIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address: St Louis 10 M

Signed.....
Student Embalmer

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.