

FILED JUL 18 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25358

318

6001

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u> | | c. CITY OR TOWN (If within corporate limits, write RURAL and give township) <u>East St. Louis</u> 8120 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>630 N. 10th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Sealoge Hosp.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u> | a. (First) | b. (Middle) | c. (Last) <u>TRUMAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-50</u> |
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| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>4-28-12</u> | 9. AGE (In years last birthday) (Specify) <u>38</u> | 10. MONTHS <u>1</u> | 11. DAYS <u>1</u> | 12. HOURS <u>1</u> | 13. MIN. <u>1</u> |
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| 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 <u>UNEMPLOYED</u> | 11. BIRTHPLACE (State or foreign country) <u>Minnesota</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Fred Truman</u> | 13b. MOTHER'S MAIDEN NAME <u>Bellie Curry</u> | 14. NAME OF HUSBAND OR WIFE <u>unk</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u> | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>MARGARET KELLY 2331 MULLANPHY ST.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>APPROX. 1 YR.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of LUNG</u> | | |
| | 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>163X</u> |
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22. I hereby certify that I attended the deceased from 11-26-49, 19___, to 7-10-50, 19___, that I last saw the deceased alive on 7-10-50, 19___, and that death occurred at 11:20 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. M. Janaka</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1325 South Grand Blvd (4)</u> | 23c. DATE SIGNED <u>7/11/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JULY 13 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u> | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u> |
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| DATE REC'D BY LOCAL REG. <u>JUL 12 1950</u> | REGISTRAR'S SIGNATURE <u>J. B. Basater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen Kelly 4386 LINDELL BLVD.</u> |
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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 Student
at College of Mortuary Science
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 279.1

P. O. Address St. Louis, MO

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.