S. No. 300
v. 10-48

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25498

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1787

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 194 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Marine 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 2099
d. STREET ADDRESS (If rural, give location): 9 4434a Clarence Ave. (Brother's Add.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): F.
c. (Last): Day

4. DATE OF DEATH (Month) (Day) (Year): July 22 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Apr. 23, 1893
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months ~~57~~ Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John Day
13b. MOTHER'S MAIDEN NAME: Ellen Brayteon
14. NAME OF HUSBAND OR WIFE: unknown

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: Clinical Records of U.S.Marine Hosp. Kirkwood 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marked congestion and edema of both lungs — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Moderate Coronary arteriosclerosis — Unknown
DUE TO (c) 4201 5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture, left tibia — 194 days

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT (Specify): Jan. 6, 1950
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 6 1950 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Unknown

22. *I hereby certify that I attended the deceased from* Jan. 9, 1950, *to* July 22, 1950, *that I last saw the deceased alive on* July 22, 1950, *and that death occurred at* 7:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. C. Sutter, S.A.Surg. USPHS
23b. ADDRESS: U.S.Marine Hosp., Kirkwood, Mo
23c. DATE SIGNED: 7/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 27-50
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEM
24d. LOCATION (City, town, or county) (State): JEFF. BKS. Mo.

DATE REC'D BY LOCAL REG.: 7-25-50
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: HOFFMEISTER, 7814 So. BROADWAY

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 4 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 Harry J. 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.