No. 500
10.48

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

XC-2 362 380
Reg. # 79930
FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25648

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1851

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF.BRKS,MO.
c. LENGTH OF STAY (In this place): 800days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN.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 2109
d. STREET ADDRESS (If rural, give location): 10 3953a Greer Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): C.
c. (Last): LEAMY

4. DATE OF DEATH (Month) (Day) (Year): August 1,1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-2-73
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Bradford,Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Patrick Lemay
13b. MOTHER'S MAIDEN NAME: Mary Huley
14. NAME OF HUSBAND OR WIFE: Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF BKS,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) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
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?

VA

22. *I hereby certify that I attended the deceased from* 10-6-49, 19___, *to* 8-1-50, 19___, ~~that I last saw the deceased alive on~~, *and that death occurred at* 5:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.E. Stilwell M.D.
23b. ADDRESS: CHIEF,PROF.SERVICES,VA HOSP.JEFF.BRKS,MO.
23c. DATE SIGNED: 8-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/3/50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST.LOUIS,MO.

DATE REC'D BY LOCAL REG.: 8-2-50
REGISTRAR'S SIGNATURE: Herbert L. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: ALVIN F. FEUTZ FUNERAL HOME,St.Louis,Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 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 Ralph E. Lindsey

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

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.