S. No. 300
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FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29000

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1916

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) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jacksonville 8120
d. STREET ADDRESS (If rural, give location) 520 N. West 8

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle)
c. (Last) DALRYMPLE

4. DATE OF DEATH (Month) (Day) (Year) 8/8/50

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 11/5/66
9. AGE (In years last birthday) 83 — 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) Hack Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jacksonville, Ill. 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Dalrymple
13b. MOTHER'S MAIDEN NAME Sarah Henderson
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS ADDRESS

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) BRONCHO-PNEUMONIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CONGESTIVE HEART FAILURE
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH: 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/4/50, 19__, *to* 8/8, 1950, ~~[illegible]~~ *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE L.E. Stilwell MD. (Degree or title) L.E.STILWELL, M.D.Chief, Prof. Servicds 0
23b. ADDRESS V.A.HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED 8-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) ~~Burial~~ Removal
24b. DATE Aug. 10, 1950
24c. NAME OF CEMETERY OR CREMATORY Gillham Funeral Home
24d. LOCATION (City, town, or county) (State) Jacksonville, Illinois

DATE REC'D BY LOCAL REG. 8-9-50
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U&L COMPANY, St. Louis, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Louis C. Hoffman

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 3814 S. Brook

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.