

STANDARD CERTIFICATE OF DEATH

Reg. # 897526  
FIED SEP 9 1950

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2083

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BRKS., MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>QUINCY</b>	
c. LENGTH OF STAY (In this place) <b>22 days</b>		d. STREET ADDRESS (If rural, give location) <b>SOLDIERS &amp; SAILORS HOME</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>L.</b> c. (Last) <b>JAMES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 30, 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5-16-1900</b>
9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	11. BIRTHPLACE (State or foreign country) <b>CAMDEN, ILLINOIS</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <b>DAVID JAMES</b>		13b. MOTHER'S MAIDEN NAME <b>ROSE ANDERSON</b>	
13c. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I &amp; WW II</b>		16. SOCIAL SECURITY NO. <b>507-03-0373</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PERITONITIS, CHEMICAL -(LIBERATED PANCREATIC ENZYMES AND BILE)</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 MONTHS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>157X</b>	
19a. DATE OF OPERATION <b>8-21-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>RADICAL PANCREATICO-DUODENECTOMY</b>	
20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>August 9, 1950</b> , to <b>August 30, 1950</b> , and that death occurred at <b>10:15pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>L.E. STINWELL, CHF. OF PROFESSIONAL SERV.</b>		23b. ADDRESS <b>VAH, JEFF. BRKS, MISSOURI</b>	
23c. DATE SIGNED <b>8-31-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Sept. 1, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Freiburg &amp; Haugh</b>		24d. LOCATION (City, town, or county) (State) <b>Quincy Illinois</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 1 1950</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HOFFMEISTER U &amp; L CO. 7814 S. Bdwy St. St. Louis, Mo.</b>	

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.....  
Student Embalmer

Signed *Harry J. Schumacher*  
Licensed Embalmer No. *2679*

P. O. Address *2814 T. 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.