

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2134

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BRKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DONIPHAN</b>	
c. LENGTH OF STAY (in this place) <b>48 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>0911</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>	b. (Middle) <b>(NMI)</b>	c. (Last) <b>HENRY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 7, 1950</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-7-22</b>
9. AGE (In years less birthday) <b>28</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEWSPAPER REPORTER</b>	11. BIRTHPLACE (State or foreign country) <b>PHILADELPHIA, PA.</b>
10b. KIND OF BUSINESS OR INDUSTRY -----		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>GEORGE HENRY</b>	13b. MOTHER'S MAIDEN NAME <b>CATHERINE SPRECHER</b>	14. NAME OF HUSBAND OR WIFE <b>KATHERINE</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 II</b>	16. SOCIAL SECURITY NO. <b>180-18-8433</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>
17. 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		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HODGKIN'S DISEASE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>201X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>201X</b> YES <input checked="" type="checkbox"/> NO <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) (Min.)	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 <sup>VA</sup> I attended the deceased from 7-21, 19 50, to 9-7, 19 50, and that death occurred at 1:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. Stilwell</b> <b>L. E. STILWELL, CHP. OF PROF. SERVICES.</b>	23b. ADDRESS <b>JEFFERSON BARRACKS, MISSOURI</b>	23c. DATE SIGNED <b>9-7-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-8-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Doniphan</b>
24d. LOCATION (City, town, or county) (State) <b>Doniphan MO</b>		

DATE REC'D BY LOCAL REG. <b>9-8-50</b>	REGISTRAR'S SIGNATURE <b>Hubert Rowland</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ROWLAND MORTUARY</b>	ADDRESS <b>4104 Manchester</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 20 1951

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

*Van M. Sizemore*

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

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.