No. 300
10-48

XC-44 27 69
Reg.# 89905

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43185

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3079

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) 37 days
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 ILLINOIS
b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ROODHOUSE 8120
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) (NMI)
c. (Last) COVINGTON

4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 50

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 1-18-94
9. AGE (In years last birthday) 56 — 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) RR Section Hand
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) ATHENS, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DON COVINGTON
13b. MOTHER'S MAIDEN NAME LIZA E PARSONS
14. NAME OF HUSBAND OR WIFE SYLVIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME VA HOSP RECORDS JEFF BRKS MO 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) GASTRECTOMY, POST OPERATIVE

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

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 12-13-50
19b. MAJOR FINDINGS OF OPERATION BLEEDING GASTRIC ULCERS 5-4-00
20. AUTOPSY? YES [X] 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?

22. *I hereby certify that I attended the deceased from* 11-14-50, 19__, *to* 12-20-50, 19__, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 8:00AM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS VA HOSP JEFF BRKS MO
23c. DATE SIGNED 12-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail
24b. DATE 12/21/50 To:
24c. NAME OF CEMETERY OR CREMATORY Wilson Park Funeral Home
24d. LOCATION (City, town, or county) Rochester, Illinois (State) Springfield

DATE REC'D BY LOCAL REG. 12-20-50
REGISTRAR'S SIGNATURE Herbert R Domke MD RWR
25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U&L COMPANY ADDRESS 7814 S. Bdwy City

(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. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.