

No. 30
10.48

NC 2497 849
Reg. # 90394

DEC 20 1950
STANDARD CERTIFICATE OF DEATH

State File No. **43194**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3068**

4000
0

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jeff Brks, Mo. VAH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, PAGEDALE 4280	
d. FULL NAME OF HOSPITAL OR INSTITUTION VAH Jefferson Barracks, Mo.		d. STREET ADDRESS (If rural, give location) 1738 Pennsylvania Ave. 0	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) C c. (Last) HALEY	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-27-77	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 RES. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Man RETIRED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) AK, Vernon, Ind. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Haley	13b. MOTHER'S MAIDEN NAME Julia Molony	14. NAME OF HUSBAND OR WIFE Amy J. HALEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes P I Insurrection	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Jeff Brks, Mo.	ADDRESS
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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) CARCINOMA OF STOMACH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VAH	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-6**, 19**50**, to **12-18**, 19**50**; that I last saw the deceased ~~alive~~ **alive**, and that death occurred at **2:40 P** m., from the causes and on the date stated above.

23a. SIGNATURE Marion D. Orzechowski MD	(Degree or title)	23b. ADDRESS VAH Jeff. Brks, Mo.	23c. DATE SIGNED 12/18/50
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24a. BURIAL, CREMATION, OR OTHER (Specify) Burial	24b. DATE DEC-21-50	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.
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DATE REC'D BY LOCAL REG. 12/19/50	REGISTRAR'S SIGNATURE Herbert R. Donke MD	FUNERAL DIRECTOR'S SIGNATURE E. J. Schuur	ADDRESS 3125 Lafayette
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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

Just B. Palmer

Licensed Embalmer No. 4014

P. O. Address 3125 Fujayetta

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.