

No. 300
10-48

XC-145 30203
Reg # 92349
FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15120
Registrar's No. 1024

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY SANGAMON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO.	c. LENGTH OF STAY (In this place) 39 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOAMI 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETS ADMIN. HOSPITAL		d. STREET ADDRESS (If rural, give location) R.R.#1 8	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) C.	c. (Last) DAY	4. DATE OF DEATH (Month) (Day) (Year) 4-18-51
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-9-95	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) FLORA, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH E. DAY	13b. MOTHER'S MAIDEN NAME MARTHA DEWESE	14. NAME OF HUSBAND OR WIFE SOPHIA E. DAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 348-09-0865	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH		
	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 151X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3-7-51** to **4-18-51**, 19**51**, and that death occurred at **8:40A** m., from the causes and on the date stated above.

23a. SIGNATURE L. Estelwell	(Degree or title) M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.	23c. DATE SIGNED 4-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 19, 1951	24c. NAME OF CEMETERY OR CREMATORY CAMP BUTLER NATIONAL	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, ILLINOIS
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DATE REC'D BY LOCAL REG. 4/18/51	REGISTRAR'S SIGNATURE Robert P. Tombe	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U&L COMPANY, St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 22 1951

SEP 8 1953

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7514 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.