

No. 300
10.48

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

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21690

State File No. _____

AC-1650 611

REG# 94383

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2361

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 8 HRS.		d. STREET ADDRESS (If rural, give location) 2625 LAWTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		21. 2625 LAWTON	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLIE b. (Middle) _____ c. (Last) JAMISON		4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1951	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-15-95
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD LABORER	11. BIRTHPLACE (State or foreign country) CONWAY, ARKANSAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD LABORER		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY JAMISON		13b. MOTHER'S MAIDEN NAME ETTA THOMPSON	14. NAME OF HUSBAND OR WIFE DELLA KITCHENER JAMISON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS JEFFERSON BRKS, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF ESOPHAGUS		
	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 11-3-50	19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF ESOPHAGUS	20. AUTOPSY? 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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 150x

22. I hereby certify that I attended the deceased from 6-2 19 51, to 6-3 19 51, ~~XXXXXX~~ and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. A. M... MD</i>	23b. ADDRESS VAH JEFFERSON BRKS, MO.	23c. DATE SIGNED 6-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE June 7-51	24c. NAME OF CEMETERY OR CREMATORY National Cem Jefferson Brks, Mo
24d. LOCATION (City, town, or county) (State) _____	DATE REC'D BY LOCAL REG. 6-6-51 REGISTRAR'S SIGNATURE <i>Hubert R. Donke MD</i> FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Hughes 2620 Lawton	

(Licensed Embalmer's Statement on Reverse Side)

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.....

James A. Carter

Licensed Embalmer No. *4681*

P. O. Address *4923 Suburbo*

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.