

XC FILED 3/22/1951
Reg. 93545

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21691
Registrar's No. 3447

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PHELPS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JAMES 0870	
c. LENGTH OF STAY (In this place) 52 Days		d. STREET ADDRESS (If rural, give location) FEDERAL SOLDIERS HOME.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VET. ADM. HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle) L.	c. (Last) JESSE	4. DATE OF DEATH (Month) (Day) (Year) 6/15/51
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 9/10/78
9. AGE (In years last birthday) 72 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Winterset, Iowa
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Jesse	13b. MOTHER'S MAIDEN NAME Catherine Shepard	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes SPAW P.I.	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA OF COLON		
	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 153x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 4/25, 1951, to 6/15, 1951, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

22a. SIGNATURE [Signature] (Degree or title) M.D.	22b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 6/15/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 18, 1951	24c. NAME OF CEMETERY OR CREMATORY NATIONAL	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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DATE REC'D BY LOCAL REG. 6-18-51	REGISTRAR'S SIGNATURE Herbert P. Somba MD	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U&L CO., ST. LOUIS, MO.	ADDRESS
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. 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.