

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

 No. 300  
 10.48  
 XC-1 519 402  
 REG. #98531  
 FILED DEC 20 1951

BIRTH NO.		REG. DIST. NO. <u>3.7</u>	PRIMARY REG. DIST. NO. <u>6076</u>	Registrar's No. <u>3983</u>
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>8120</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLEVILLE, ILLINOIS</b> <b>8</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>622 BENTON</b>		
3. NAME OF DECEASED (Type or Print) <b>WILMUR G. ERNST</b> <b>WILMER G. ERNST (ARMY NAME)</b>		a. <b>WILMUR G. ERNST</b> (CORRECT NAME) (Last) b. <b>(CORRECT NAME)</b> (Last) <b>WILMER G. ERNST (ARMY NAME)</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-11-51</b>
5. SEX <b>MALE</b> <u>0</u>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b> <u>0</u>	8. DATE OF BIRTH <b>6-17-1898</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>53 YRS.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIGHT WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BELLEVILLE, ILLINOIS</b> <u>1</u>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>MARTIN ERNST SR.</b>		
13b. MOTHER'S MAIDEN NAME <b>FRANCES DUER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b> <b>WW-I</b>		16. SOCIAL SECURITY NO. <b>328032116</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>
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 <b>THROMBOPHLEBITIS, ILEO-FEMORAL, ASCENDING</b> <b>TO VENACAVA, ACUTE, SEVERE</b>  ANTECEDENT CAUSES DUE TO (b) <b>CARCINOMA OF THE RECTUM WITH METASTASES</b>  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 <b>6 weeks</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>154X</b> 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) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>12-4-51</u> , 19 <u>51</u> , to <u>12-11-51</u> , 19 <u>51</u> , <del>that death occurred on the date stated above.</del> and that death occurred at <u>2:00 A. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <b>E.C. O'BRIEN, M.D.</b>		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>12-11-51</b>
24a. BURIAL, CREMATION, OR SERVICES <b>Removal 127-12-51-</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BREEN MOUNT CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>BELLEVILLE, ILLINOIS</b>
DATE REC'D BY LOCAL REG. <b>12-14-51</b>		REGISTRAR'S SIGNATURE <b>Peter P. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PETE GAERDNER, BELLEVILLE, ILLINOIS</b>

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.