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REG #100351

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15195

BIRTH NO. ______ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1019

1. PLACE OF DEATH a. COUNTY: ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: MISSOURI b. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS — c. LENGTH OF STAY (in this place): 48 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DE SOTO 0500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP	d. STREET ADDRESS (If rural, give location): RURAL ROUTE #2

3. NAME OF DECEASED (Type or Print) a. (First): FRANK	b. (Middle): ---	c. (Last): MAYNARD	4. DATE OF DEATH (Month) (Day) (Year): 4-16-52

5. SEX: MALE 0	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: 12-8-1880	9. AGE (In years last birthday): 71	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STREETCAR CONDUCTOR	10b. KIND OF BUSINESS OR INDUSTRY: UNK.	11. BIRTHPLACE (City and State or Foreign Country): HOLYOKE, MASS.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: FRANK MAYNARD	13b. MOTHER'S MAIDEN NAME: ANGELINE ROBERTS	14. NAME OF HUSBAND OR WIFE: ANNA MAYNARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I	16. SOCIAL SECURITY NO.: 498225572	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hemorrhage from lungs probably secondary to Pulmonary Tuberculosis, pending further microscopic examination	30 years
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.*	Hypertensive, cardiovascular disease	8 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: 007X — 20. AUTOPSY? YES [X] NO [ ]

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): ------ m.	21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR? -C------		

22. *I hereby certify that* VA *attended the deceased from* 2-28-52, *19*__, *to* 4-16-52, *19*__, XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 2:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R A Allen — R. A. ALLEN, MD	23b. ADDRESS: VAH, JEFFERSON BARRACKS, MO.	23c. DATE SIGNED: 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: April 18, '52	24c. NAME OF CEMETERY OR CREMATORY: Nat'l. Cemetery	24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: 4-17-52	REGISTRAR'S SIGNATURE: Herbert R. Domke, MD	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C.Hoffmeister U&L Co., 7814 S. Bdwy. St.Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

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.