

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18975

State File No.

KC 210 02 45

Reg. 101, 815

BIRTH NO. FILED JUN 6 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1358

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

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) JEFF. BRKS. MO.		c. LENGTH OF STAY (In this place) 19 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 4963 PAGE BLVD.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) L.	c. (Last) SANDS
4. DATE OF DEATH 5/21/52		5. SEX MALE	6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/23/95	9. AGE (In years last birthday) 56 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN SANDS	13b. MOTHER'S MAIDEN NAME SARAH LANGDON
14. NAME OF HUSBAND OR WIFE MARY SANDS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WORLD I	16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melano Carcinoma, Diffuse, Primary Site, Right Heel	INTERVAL BETWEEN ONSET AND DEATH 18 months
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE NONE		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) V.A.		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 5/2 , 19 52 , to 5/21 , 19 52 , and that death occurred at 4:30p m., from the causes and on the date stated above.			
23a. SIGNATURE R. A. KEDEN		23b. ADDRESS M.D. V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 5-22-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 26, 1952	24c. NAME OF CEMETERY OR CREMATORY NATIONAL JEFF. BRKS. MO.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 5-24-52	REGISTRAR'S SIGNATURE Robert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.	ADDRESS 7814 S. Broadway St. Louis, Mo.

5 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 *Linus C. Hoffmeyer*

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.