

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37309**

XC-1646186
REC #105,472
OCT 29 1952
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2205

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CLAIR	
c. LENGTH OF STAY (If applicable) 17 DAYS		0369	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) RR #2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LEWIS	b. (Middle) A.	c. (Last) STRICKLER	Month (Day) (Year) 10-20-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-25-94	9. AGE (In years, months, days, hours, min.) 58 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) DONIPHAN, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME GROVER STRICKLER	13b. MOTHER'S MAIDEN NAME MINNIE PAYESE	14. NAME OF HUSBAND OR WIFE MARIE STRICKLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.

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 UNKNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG, RIGHT UPPER LOBE WITH METASTASES		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RIGHT BRONCHIO-CUTANEOUS FISTULA DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EMPHYSEMA, CHRONIC		518X	

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) 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) VA	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 10-3-52, 19 , to 10-20-52, 19 , and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE OF J. T. Kaminskas (Degree or title) J. T. Kaminskas M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 10-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-52	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) JEFF BRKS, MO.		

DATE REC'D BY LOCAL REG 10/20/52	REGISTRAR'S SIGNATURE Herbert R. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME, ST. LOUIS, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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. 42427

P. O. Address 6372 S. Grand

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.