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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44135

State File No. _____

REG. #107182

FILED DEC 30 1952

BIRTH MO. _____

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 3253

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MACOUPIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>8 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARLINVILLE</u>		8120
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>437 SUMNER STREET</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTOR</u>		b. (Middle) <u>(NMI)</u>	c. (Last) <u>HOGREAFF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>2-12-88</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>64 YEARS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARLINVILLE, ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Charles Hogreaff</u>		
13b. MOTHER'S MAIDEN NAME <u>Gustie Osterloh</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If no, give war or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>354-09-6512</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, VAH JEFF. BRKS., MO.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ABDOMINAL CARCINOMATOSIS, PRIMARY SITE</u> (b) <u>UNDETERMINED</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>12-12</u>, 19<u>52</u>, to <u>12-20</u>, 19<u>52</u>, and that death occurred at <u>7:40 Am.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph Lunt M.D.</u>			23b. ADDRESS <u>VET. ADM. HOSP., JEFF. BRKS., MO.</u>		23c. DATE SIGNED <u>12-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAYFIELD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARLINVILLE, ILL.</u>
DATE REC'D BY LOCAL REG. <u>12-20-52</u>		REGISTRAR'S SIGNATURE <u>Husket R. Domb - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Honpa, 4700 Washington</u>	

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8-2-71

8-21-71

DATE OF DEATH

8-21-71

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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address M. Louis 740

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.