

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16694

State File No.

FILED MAY 9 1953
XC1987055
REG #110018
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1249

4000
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WRITE PLAINLY—USING UNFADING 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) JEFFERSON BARRACKS		c. LENGTH OF STAY (In this place) 16 DAYS		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP				e. STREET ADDRESS (If rural, give location) 3957 RUSSELL <u>2179</u>			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) A.		c. (Last) WILLI		4. DATE OF DEATH (Month) (Day) (Year) 5-2-53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 8-8-89	9. AGE (In years last birthday) 63	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) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY TAVERN		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JACOB WILLI			13b. MOTHER'S MAIDEN NAME BARBARA ULRICH		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 491148176		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PHARYNX ANTECEDENT CAUSES Morbidity 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. CARCINOMA OF TRANSVERSE COLON				INTERVAL BETWEEN ONSET AND DEATH UNK. UNK.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION - - - - -				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 148X-	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 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 <u>4-16-53</u> , 19 <u> </u> , to <u>5-2-53</u> , 19 <u> </u> , XXXXXXXXXXXXXXXXXXXX and that death occurred at <u>6:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph T. Kaminskas</i> (Degree or title) MD				23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 5-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 5, 1953		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		24d. LOCATION (City, town, or county) (State) JEFF. BRKS MO	
DATE REC'D BY LOCAL REG. 5-2-53		REGISTRAR'S SIGNATURE <i>Hubert R. Dumb</i> MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6327 S. GRAND BLVD.			

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David W. Fosson*.....

Licensed Embalmer No. *4242*.....

P. O. Address *ST. LOUIS, MO*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.