

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Reg. 110,871

BIRTH NO. **FILED JUN 26 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1557**

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 ILLINOIS b. COUNTY PERRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.	c. LENGTH OF STAY (In this place) 13 days	c. CITY OR TOWN DU QUOIN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Adm. Hospital		e. STREET ADDRESS (If rural, give location) RR #1	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) W c. (Last) GERSTENSCHLAGER			4. DATE OF DEATH (Month) (Day) (Year) 6 4 53		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-9-1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY POULTRY COMPANY	11. BIRTHPLACE (City and State or Foreign Country) PINCKNEYVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY GERSTENSCHLAGER	13b. MOTHER'S MAIDEN NAME CATHERINE ANTES	14. NAME OF HUSBAND OR WIFE ESTELLE GERSTENSCHLAGER
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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. 313 05 5297	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, VAH, JEFF. BRKS., MO. ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 MONTH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA, RIGHT LOWER LOBE OF LUNG WITH METASTASES TO BRAIN AND LIVER		
	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. _____			

19a. DATE OF OPERATION 6-2-53	19b. MAJOR FINDINGS OF OPERATION Bronchogenic Carcinoma, Rt. Lung with metastases 162X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	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 **5-22-53** at **VAH, J.B. MO.**, to **6-4-53**, 19**53**, that I last saw the deceased ~~on 6-4-53~~, and that death occurred at **8:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R.A. ALLEN (Degree or title) M.D.	23b. ADDRESS VA HOSP., JEFF. BRKS., MO.	23c. DATE SIGNED 6-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-5-53	24c. NAME OF CEMETERY OR CREMATORY GERSTENSCHLAGER CEM.	24d. LOCATION (City, town, or county) (State) Du Quoin - Illinois
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DATE REC'D BY LOCAL REG. 6-5-53	REGISTRAR'S SIGNATURE Herbert R. Danke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6322 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 Van Fossan*

Licensed Embalmer No. *428*

P. O. Address *6322*

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.