

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23492

State File No.

XC 615 296

Reg. 109,478

BIRTH NO. FILED JUL 8 - 1953

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 1768

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		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 JEFF. BRKS. MO.		c. LENGTH OF STAY (in this place) 91 Days	
c. CITY OR TOWN ST. CLAIR		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 VET. ADM. HOSP.		e. STREET ADDRESS (If rural, give location) RT #2 0360	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD EDWIN b. (Middle) LUGENBEEL LUGENBEEL c. (Last) (SERVICE) (CORRECT)		4. DATE OF DEATH (Month) (Day) (Year) 6/24/53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/23/94
9. AGE (In years last birthday) 59 yrs.		10. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATTLE BUTCHER		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME SAMUEL LUGENBEEL		13b. MOTHER'S MAIDEN NAME CATHERINE FLESH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL JEFF. BRKS. MO.		ADDRESS	
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 WITH EXTENSION INTO BASE OF SKULL, WITH METASTASES 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		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) V.A. m.		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 3/25 1953, to 6/24 1953, (Date last seen by the deceased) and that death occurred at 8:45 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R.A. M.D.		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	
23c. DATE SIGNED 6-24-53			
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 6/29/53	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFF. BRKS. MO.	
DATE REC'D BY LOCAL REG. 6-25-53		REGISTRAR'S SIGNATURE Herbert R. Damb MD	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS SOUTHERN FUNERAL HOME, 6322 S. GRAND	

(Licensed Embalmer's Statement on Reverse Side)

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

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. *420*

P. O. Address *6322 So M*

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.