

No. 300
10.48

FILED AUG 25 1953
REG# 111964

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30655

State File No. 2203
Registrar's No. 2203

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PERRY	
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 27 DAYS	c. CITY OR TOWN PERRYVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 202 Cedar Street 0791	

3. NAME OF DECEASED (Type or Print) George	a. (First)	b. (Middle) T.	c. (Last) ANK	4. DATE OF DEATH 8-6-53	(Month) (Day) (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-14-89	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SURVEYOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PONTOOSUC, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JACOB ANK	13b. MOTHER'S MAIDEN NAME CHARLOTTE TERRY	14. NAME OF HUSBAND OR WIFE WILMA ANK
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG (LLL BRONCHUS)	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 7-10, 1953, to 8-6, 1953, and that death occurred at 1:18A m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Richard Coble (Degree or title) M.D.	23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.	23c. DATE SIGNED 8-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Perryville, Mo.
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DATE REC'D BY LOCAL REG. 8-10-53	REGISTRAR'S SIGNATURE Albert R. D... 114	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Bey, Perryville, Mo.
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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,, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No..... *3*

P. O. Address *Ferryville*

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.