

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34702**

FILED OCT 9 1953
RC 184 49 48
REG# 113519
BIRTH NO.

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2525**

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 14 DAYS	c. CITY OR TOWN AUBURN
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Box 7, R.R. #2		8120 8	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) (NMI) c. (Last) WALRS			4. DATE OF DEATH (Month) (Day) (Year) 9-27-53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-8-84
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER	
11. BIRTHPLACE (City and State or Foreign Country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ADAM WALRS		13b. MOTHER'S MAIDEN NAME BESSIE (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE NEVER MARRIED		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. UNKNOWN		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) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA UNKNOWN SITE *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. FRACTURE RIGHT HIP			INTERVAL BETWEEN ONSET AND DEATH 1998F
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)		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 9-13, 1953 , to 9-27, 1953 , and that death occurred at 12:45A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Milton H. Lincoff, M.D.		23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.	
23c. DATE SIGNED 9-27-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE SEPT. 29, 53		24c. NAME OF CEMETERY OR CREMATORY VIRIDEN	
24d. LOCATION (City, town, or county) (State) VIRIDEN, ILL.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry J. [Signature] (3781) Auburn, Ill.	
DATE REC'D BY LOCAL REG. 9/27/53		REGISTRAR'S SIGNATURE Harold B. [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

001

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, Harry J. Willis, Student Embalmer No. 3781 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Willis
Licensed Embalmer No. 378

P. O. Address Acuburn S

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.