No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7298

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 526

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2169
d. STREET ADDRESS (If rural, give location): 3744A LOUISIANA,

3. NAME OF DECEASED (Type or Print)
a. (First): PHILIP
b. (Middle): S.
c. (Last): EASLEY MD

4. DATE OF DEATH (Month) (Day) (Year): 2-27-54

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /
8. DATE OF BIRTH: 4-22-83
9. AGE (In years last birthday): 70 YRS — 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): PHYSICIAN
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): CLUSTER SPRINGS, VA. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ANDREW EASLEY
13b. MOTHER'S MAIDEN NAME: BETTY HUNT Owen
14. NAME OF HUSBAND OR WIFE: MARGUERITE EASLEY

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.: NONE
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CEREBRAL THROMBOSIS

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. ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
20. AUTOPSY? YES ☐ NO ☒

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21-54, 19__, *to* 2-27-54, 19__, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXXXX~~ *and that death occurred at* 1:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard Cohle (Degree or title): RICHARD COHLE MD 0
23b. ADDRESS: VAH JEFFERSON BARRACKS, MO.
23c. DATE SIGNED: 2-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-2-54
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MO.

DATE REC'D BY LOCAL REG.: 3-1-54
REGISTRAR'S SIGNATURE: Herbert R. Dombe M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: KRIEGSHAUSER 4228 S.KINGSHIGHWAY BL.

Y.W. (Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1954

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William B White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4328 So. Kingsley [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.