

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42301  
State File No. 11315  
Registrar's No.

XC 2 848 108  
Reg. 4987  
BIRTH NO. FILED DEC 17 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN VAH 915 N. Grand St. Louis, Mo.		c. LENGTH OF STAY (in this place) 14 Days		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			STREET ADDRESS (If rural, give location) 1804 1/2 Madison Ave. 22690			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle)		c. (Last) DAUER		4. DATE OF DEATH (Month) (Day) (Year) 12-10-54
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <input checked="" type="checkbox"/>		8. DATE OF BIRTH 8-31-92	9. AGE (In years less birthday) 62 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Phillip Dauer		13b. MOTHER'S MAIDEN NAME Minnie Koris		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS TO LIVER, REGIONAL LYMPH NODES AND THORACIC SPINE</u>  ANTECEDENT CAUSES DUE TO (b) <u>BRONCHOGENIC CARCINOMA (OF THE RIGHT HILUS OF THE LUNG)</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROTIC HEART DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN  UNKNOWN  UNKNOWN
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) VA m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X		
22. I hereby certify that I attended the deceased from <u>11-26</u> , 19 <u>54</u> , to <u>12-10</u> , 19 <u>54</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Leonard J. Kopp M.D.</u> LEONARD J. KOPP (Degree or title)			23b. ADDRESS M.D. VAH 915 N. Grand St. Louis, Mo.		23c. DATE SIGNED 12-10-54	
24a. BURIAL CREMATION REMOVAL (Specify) removal		24b. DATE 12-13-54		24c. NAME OF CEMETERY OR CREMATORY National Cem.		24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.
DATE REC'D BY LOCAL DEC 13 1954		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home 6322 S. Grand St. Louis, Mo.		

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 Gorman*

Licensed Embalmer No. *424*

P. O. Address *6327 40th*

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.