

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9447

2743

XC-18 409 128 Reg. # 6837 SL-4854 FILED APR 5 1955		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
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 OR TOWN) 915 N. Grand St. Louis, Mo.		c. LENGTH OF STAY (in this place) 28 days		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city as incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp				STREET ADDRESS (If rural, give location) 24 3827a Indiana 2240			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) J. c. (Last) Clair			4. DATE OF DEATH (Month) (Day) (Year) 3-25-55				
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 3-13-1890		9. AGE (In years last birthday) 65	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) Painter		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Clair		13b. MOTHER'S MAIDEN NAME Earline G'sell		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-1		17. INFORMANT'S SIGNATURE OR NAME VA HOSP RECORDS, ST. LOUIS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA, ACUTE WITH PULMONARY EDEMA AND CONGESTION ANTECEDENT CAUSES Morbidity 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. 1. Carcinoma of Rectum 2. Left Parotid tumor 3. Porencephaly, Rt. Temporal Lobe					INTERVAL BETWEEN ONSET AND DEATH 1 day Undetermined	
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)		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? 491xH			
22. I hereby certify that I attended the deceased from 2-25-55, 19, to 3-25-55, 19, and that his death occurred at 1:30a m., from the causes and on the date stated above.							
23a. SIGNATURE J. T. Kaminskas (Degree or title) M.D.				23b. ADDRESS 915 N. Grand Blvd. VA Hosp., St. Louis, Mo.		23c. DATE SIGNED 3-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-28-55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery, ssn.		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri.			
DATE REC'D BY LOCAL REG. MAR 28 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 Tassan*

Licensed Embalmer No. *4212*

P. O. Address *6322 So. Hill*

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.