

XC-3 537 811

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Reg. 11932

FILED NOV 18 1955

State File No. 38505

Registrar's No. 9755

BIRTH NO. SL-5452

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9755

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 ILLINOIS b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) 915 N. Grand, St. Louis, Mo		c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN WATERLOO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospt.		e. STREET ADDRESS (If rural, give location) 221 E. Third Street			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) -		c. (Last) LANCASTER	
4. DATE OF DEATH (Month) (Day) (Year) 11-7-55		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 8-17-1910		9. AGE (In years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Frederick, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harlan Lancaster		13b. MOTHER'S MAIDEN NAME Sarah Bishop	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-2		16. SOCIAL SECURITY NO. 356 12 2702	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS		ANTECEDENT CAUSES DUE TO (b) CARCINOMA OF CECUM		INTERVAL BETWEEN ONSET AND DEATH 7 months	
*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)		Unknown	
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 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) (Min.)	
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 ^{VA} attended the deceased from 10-25-55 , 19___, to 11-7-55 , 19___, that his death was due to GENERALIZED CARCINOMATOSIS , and that death occurred at 12:40 pm. , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i> J. T. Kaminskas		23b. ADDRESS M.D. VAH, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 11-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/8/55		24c. NAME OF CEMETERY OR CREMATORY Beardstown Ill.	
24d. LOCATION (City, town, or county) (State) Beardstown, Ill		DATE REC'D BY LOCAL REG. NOV 8 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS 5611 Olive			

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 *Pier C. Dranson*.....

Licensed Embalmer No. *426*

P. O. Address *St. Louis*

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.