No. 300
10.48

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

XC # 1704 26 57
REG # 12197
SL # 7987
FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2866

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 282

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.GRAND,ST.LOUIS,MO.
c. LENGTH OF STAY (in this place): 48 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: MACOUPIN
c. CITY OR TOWN: VIRDEN
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): 326 NORTH BISSELL

8120 8

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): H.
c. (Last): MAYSE

4. DATE OF DEATH (Month) (Day) (Year): 1-6-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-28-87
9. AGE (In years last birthday): 68 | 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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): SCOTTVILLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: JOHN MAYSE
13b. MOTHER'S MAIDEN NAME: AMELIA RUYLE
14. NAME OF HUSBAND OR WIFE: ANNA MAYSE
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.: 343-18-5727
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: Unk.

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.* Diabetes mellitus — Unk.
Generalized arteriosclerosis — Unk.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 522 X
20. AUTOPSY? YES X 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* 11-19-55, *19*____, *to* 1-6-56, *19*____, ~~that I last saw the deceased alive on~~, *and that death occurred at* 9:02 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Name or title): Joseph T. Kaminiskas M. D.
23b. ADDRESS: VAH, ST. LOUIS, MISSOURI
23c. DATE SIGNED: 1-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-10-56
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Palymra Twp, Illinois.

DATE REC'D BY LOCAL REG.: JAN 9 1956
REGISTRAR'S SIGNATURE: Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H.Hoppe, 4700 Washington Blvd

mJB

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Dunkley

Licensed Embalmer No. 365

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.