

XC-18 408 806
 Reg. 14687 ~~FILED~~ MAY 25 1956
 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 318

18263
 State File No. 4067
 Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. _____		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 town or township) TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 57 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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.				e. STREET ADDRESS (If rural, give location) 25 1418 N. 8th St., Apt. 206 22-5/0			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) JOSEPH		c. (Last) MCKERNAN		4. DATE OF DEATH (Month) (Day) (Year) 4-24-56	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 1-31-96	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Patrick McKernan			13b. MOTHER'S MAIDEN NAME Katherine Behan			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-I		16. SOCIAL SECURITY NO. Unknown		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) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA, BILATERAL INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES DUE TO (b) ASPIRATION OF GASTRIC CONTENTS DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Peritonitis, due to Diverticulitis Conditions contributing to the death but not related to the disease or condition causing death. Post-operative left colectomy Undetermined			
19a. DATE OF OPERATION 4-13-56		19b. MAJOR FINDINGS OF OPERATION Diverticulitis, sigmoid colon				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. HOW DID INJURY OCCUR?	
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?			
22. I hereby certify that I attended the deceased from 2-27-56, 19__, to 4-24-56, 19__, the deceased was deceased deceased , and that death occurred at 7:10 am., from the causes and on the date stated above.							
23a. SIGNATURE J. T. Kanirskis (Degree or title) M.D.				23b. ADDRESS VA Hospital 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 4-24-56	
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 4/27/56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery St. Louis, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. APR 24 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2228 St. Louis Ave.			

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

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 *Francis Highland*.....

Licensed Embalmer No. *954*

P. O. Address *Thru*.....

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.