

XC 16882210

RL4478 SL 5629

STANDARD CERTIFICATE OF DEATH

State File No.

6413

FILED JUL 20 1956

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN Troy	
c. LENGTH OF STAY (If in hospital or institution) 112 days		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		e. STREET ADDRESS (If rural, give location) 81208	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) D. c. (Last) Folkerts			4. DATE OF DEATH (Month) (Day) (Year) 7-8-56
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3-28-89
9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (City and State or Foreign Country) Mount Olive, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE	
13a. FATHER'S NAME Garrett C. Folkerts		13b. MOTHER'S MAIDEN NAME Marie Busse	
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 WWI	
16. SOCIAL SECURITY NO. 340286446		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC LYMPHATIC LEUKEMIA 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 204.0	
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) (Minute)		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 2-17 1956, to 7-8 1956, and that death occurred at 1:20 p.m., from the causes and on the date stated above.	
23a. SIGNATURE H. F. Westphaelinger		23b. ADDRESS 915 No. Grand Blvd. VAH, ST. LOUIS, MO.	
23c. DATE SIGNED 7-8-56		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	
24b. DATE 7-12-1956		24c. NAME OF CEMETERY OR CREMATORY Holy Cross Lutheran Cem.	
24d. LOCATION (City, town, or county) (State) Collinsville, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Herr Funeral Home, Collinsville, Ill.	
DATE REC'D BY LOCAL REG. JUL 9 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. (Licensed Embalmer's Statement on Reverse Side)	

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 *Vincent L. Brown Jr*

Licensed Embalmer No. 357

P. O. Address

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.