

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 4 Days		c. CITY OR TOWN Edwardsville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.				e. STREET ADDRESS (If rural, give location) 326 "M" Street		51208	
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) C.		c. (Last) Gavillet		4. DATE OF DEATH (Month) (Day) (Year) 7-19-56	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-20-11	
9. AGE (In years last birthday) 45		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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) ✓ Collinsville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward C. Gavillet		13b. MOTHER'S MAIDEN NAME Florence Sands		14. NAME OF HUSBAND OR WIFE Viola Gavillet			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-11		16. SOCIAL SECURITY NO. 332 07 8702		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR PULMONALE ANTECEDENT CAUSES DUE TO (b) CHRONIC BRONCHITIS AND EMPHYSEMA <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH Undetermined	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 50 20				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?			
22. I hereby certify that I attended the deceased from 7-15 , 19 56 to 7-19 , 1956, and that death occurred at 7:15 p.m., from the causes and on the date stated above.							
23. SIGNATURE H. F. Westphaling M.D.				23b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 7-20-56	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/20/56		24c. NAME OF CEMETERY OR CREMATORY Edwardsville, Ill		24d. LOCATION (City, town, or county) (State) Edwardsville, Ill	
DATE REC'D BY LOCAL REG. JUL 20 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 S Grand Blvd.			

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 *Harry J. Schumaker*
Licensed Embalmer No. *2679*

P. O. Address *5611 S. D.*

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.