

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Cleared by Dr. Lynn with Coroner Taylor 10-12-56

1. PLACE OF DEATH
 a. COUNTY **F**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
 c. FULL NAME OF HOSPITAL OR INSTITUTION **VA HOSPITAL**
 d. STREET ADDRESS **Rte. 1**
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Illinois** b. COUNTY **Jersey**
 c. CITY OR TOWN **Dow**
 d. STREET ADDRESS (If outside, give location) **Rte. 1**
 Length of stay in 1b **8 hrs.**
 Inside Limits Yes No
 Inside Limits Yes No
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First **Robert** Middle **Lester** Last **Bland**
 4. DATE OF DEATH **10-12-56**
 5. SEX **Male**
 6. COLOR OR RACE **white**
 7. MARRIED NEVER MARRIED
 WIDOWED DIVORCED
 8. DATE OF BIRTH **9-25-87**
 9. AGE (In years last birthday) **69**
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**
 10b. KIND OF BUSINESS OR INDUSTRY **Farming**
 11. BIRTHPLACE (City and state or country) **Fieldon, Illinois**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**
 13. FATHER'S NAME **John Bland**
 14. MOTHER'S MAIDEN NAME **Elizabeth Gunterman**
 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **Yes**
 (If yes, give year or dates of service) **WWI**
 16. SOCIAL SECURITY NO. **—**
 17. INFORMANT **VA HOSPITAL RECORDS, ST. LOUIS, MO.**
 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **SUPPURATIVE MENINGITIS (PROBABLE PNEUMOCOCCUS)**
 Conditions, if any, which gave rise to above cause (b) **Diabetes Mellitus**
 Underlying cause last. (c) **10/13/56**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
DIABETES MELLITUS 340.1
 INTERVAL BETWEEN ONSET AND DEATH **5 DAYS**
 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year
 a. m. p. m.
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. Attended the deceased from **10-12-56** to **10-12-56** and last saw **him** alive on **10-12-56**
 Death occurred at **9:18** p. m. on the date stated above; and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) **Tom D. Lynn Jr., M.D.**
 22b. ADDRESS **VAH, ST. LOUIS, MO.**
 22c. DATE SIGNED **10-12-56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**
 23b. DATE **10-13-56**
 23c. NAME OF CEMETERY OR CREMATORY **Local**
 23d. LOCATION (City, town, or county) (State) **Jerseyville, Illinois.**
 24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.,**
 25. DATE RECD. BY LOCAL REG. **OCT 13 1956**
 26. REGISTRAR'S SIGNATURE **J. Carl Smith**

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 *Elton R. Remel*.....

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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