

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Quarantined: Not Acceptable

XC # 2003 57 09

SL # 11558

FILED JAN 15 1956

STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

43477
STATE FILE NUMBER 11636

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION VETS. ADM. HOSP.		Length of stay in 1b 65 DAYS		STREET ADDRESS 2614 d. ST. LOUIS 6143 Beatha (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES D. McEWEN			4. DATE OF DEATH 12-15-56			Month Day Year	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-14-95	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOT BLASTER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) JONESBORO, ARKANSAS	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME HENRY McEWEN				14. MOTHER'S MAIDEN NAME MARY MERRILL			
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. 348-05-0923		17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONJESTION AND INTRA*ALVEOLAR HEMORRHAGE OF LEFT LUNG						INTERVAL BETWEEN ONSET AND DEATH 17 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) SURGICAL ABSENCE OF RIGHT LUNG					
		DUE TO (c) FIBRO CASEOUS PULMONARY TUBERCULOSIS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). ORGANIZING FIBRINOUS PERICARDITIS						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 10-11-56 to 12-15-56 and last saw him alive on 12-15-56 Death occurred at 5:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Alonso Padalongo Patino M.D.				22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 12-15-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-20-56		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
24. FUNERAL DIRECTOR Mr. B. Kooner 1221 NORTH GRAND				25. DATE RECD. BY LOCAL REG. DEC 19 1956		26. REGISTRAR'S SIGNATURE J. C. Smith MD	

along with Paterno

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 Clarence Crooms

Licensed Embalmer No. f.75

P. O. Address 127 N. 8th

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.