

XC 10741432 FILED JAN. 15 1957
R21495 SL 7227

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Registration District No. Primary Registration District No. 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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in lb 3 days 2		STREET ADDRESS (If outside, give location) 2433 Union	
3. NAME OF DECEASED (Type or print) William		First William		Last Maples	
Middle E.		4. DATE OF DEATH 12-24-56		Month 12 Day 24 Year 56	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH 5-29-07		9. AGE (In years of birthday) 47		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Warehouse		11. BIRTHPLACE (City and state or country) Clever, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Maples		14. MOTHER'S MAIDEN NAME Rittie Welch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 494187500		17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CA OF THE LEFT LUNG					INTERVAL BETWEEN ONSET AND DEATH 14 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a. m. Month, Day, Year p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		NOT WHILE 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		COUNTY		STATE	
21. I attended the deceased from 12-21-56 to 12-24-56 and last saw him alive on 12-24-56 Death occurred at 9:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James DANIEL GROTH (Degree or title)				22b. ADDRESS M.D. VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 12-25-56					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/26/56		23c. NAME OF CEMETERY OR CREMATORY Clever, Mo	
23d. LOCATION (City, town, or county) Clever, Mo		23e. (State)			
24. FUNERAL DIRECTOR Edward Fendler Mortuary 5611 S Grand Bl.		ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 26 1956	
26. REGISTRAR'S SIGNATURE J. Carl Smith MO <i>mjb</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

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

P. O. Address *5611 St*.....

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.