XC-1446 122
SL #12413 FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3120
STATE FILE NUMBER 452

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS,MO. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL Length of stay in Hospital 15 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PHELPS
c. CITY OR TOWN ST. JAMES Inside Limits Yes ☐ No X
d. STREET ADDRESS ROUTE #1 (If outside, give location) Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle W. Last STURGEON
4. DATE OF DEATH Month JANUARY Day 15 Year 1957
5. SEX MALE
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 5/9/95
9. AGE (In years last birthday) 61 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) UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) HILLSBORO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ROBERT L. STURGEON
14. MOTHER'S MAIDEN NAME DELIA HIGHTOWER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 499-40-9642
17. INFORMANT Address VA HOSP. RECORDS, ST.LOUIS,MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA ETIOLOGY HEMOLYTIC STREPTOCOCCUS — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) SQUAMOUS CELL CARCINOMA OF THE FACE — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 490XH
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 a. m. p. m. Month, Day, Year
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. I attended the deceased from 12/31/56, to 1/15/57 and last saw him alive on 1/15/57
Death occurred at 3:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Daniel J. Enger (Degree or Title) M.D.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 1/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan.15,1957
23c. NAME OF CEMETERY OR CREMATORY Woodside Cemetery
23d. LOCATION (City, town, or county) Hillsboro (State) Ill.

24. FUNERAL DIRECTOR Albert H.Hoppe ADDRESS 4700 Washington
25. DATE RECD. BY LOCAL REG. JAN 15 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS AUG 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John L Denne

Licensed Embalmer No. 4.1

P. O. Address St. Lou

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.