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SL 12547 FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10242

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2595

Health, Welfare Public Service

300
1-56 0

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

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 35 V. A. HOSPITAL Length of stay in 1b: 59 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Pulaski
c. CITY OR TOWN: WAYNESVILLE 0850 Inside Limits Yes X No ☐
31 STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ X ☐

3. NAME OF DECEASED (Type or print): First WALTER Middle L. Last FIRESTINE
4. DATE OF DEATH: Month 3 Day 14 Year 57
5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐ 0
8. DATE OF BIRTH: X 12/13/10
9. AGE (In years last birthday): 46
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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and state or country): WAYNESVILLE, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jerome Firestine
14. MOTHER'S MAIDEN NAME: Annabel Coogan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: V. A. HOSPITAL RECORDS Address: 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) FAR ADVANCED PULMONARY TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) .002 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): PULMONARY EMPHYSEMA
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NONE
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 1/14/57 to 3/14/57 and last saw him alive on 3/14/57
Death occurred at 8:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Adelaide Alonso (Degree or title) M.D.
22b. ADDRESS: VA HOSPITAL ST. LOUIS, MO.
22c. DATE SIGNED: 3/14/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3.15.57
23c. NAME OF CEMETERY OR CREMATORY: Crocker Mo
23d. LOCATION (City, town, or county) (State): Crocker, Mo

24. FUNERAL DIRECTOR: Edward Fendler ADDRESS: 5611 South Grand Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 15 '57
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 5641 S. Gran

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