

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10538
STATE FILE NUMBER 1465

XC-2 433 614
SL-10372 FILED MAR 18 1957

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

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

Carry by aff. MEDICAL CERTIFICATION June 25, 1957

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 915 N. Grand, St. Louis, Mo.		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 1b 231 days 20 39	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES KIERAN		4. DATE OF DEATH Month Day Year 2-11-57	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-16-77 1878-79 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORDER FILLER		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 0	
13. FATHER'S NAME PATRICK KIERAN		14. MOTHER'S MAIDEN NAME ELIZABETH TUITE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. Unknown	
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 CARCINOMA OF THE ESOPHAGUS		17. INFORMANT Address VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 150 X		INTERVAL BETWEEN ONSET AND DEATH 1-1/2 years	
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 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 6-25-56 to 2-11-57 and last saw him alive on 2-11-57		Death occurred at 10:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) H. F. Westpaalinger M.D. VA Hosp. St. Louis, Mo.		22b. ADDRESS 915 N. Grand	
22c. DATE SIGNED 2-11-57			
23a. BURIAL CREMATION. (Specify) BURIAL		23b. DATE Feb. 14, 57	
23c. NAME OF CEMETERY OR CREMATORY CALVARY		23d. LOCATION (City, town, or county) St. Louis Mo. (State)	
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. FEB 13 '57	
		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

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 *Thomas R. Jenwick*

Licensed Embalmer No. 37

P. O. Address 3125 Lafayette

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.