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REG 117905

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11637

BIRTH NO. FILED APR 8 - 1957 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 812

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>HOWARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS, MO.</u>		c. CITY OR TOWN <u>ST. CHARLES CITY</u>	
c. LENGTH OF STAY (In this place) <u>95 1/2 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>400 S. JOHNSON STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>	b. (Middle) <u>M.</u>	c. (Last) <u>GUYETTE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-24-57</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>10-14-93</u>
9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CRESCO, IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>TINA (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW-I</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY FIBROSIS AND EMPHYSEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNK.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-54, ~~to~~ to 3-24-57, ~~and that death occurred at~~ 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Westphalinger M.D. VAH, St. Louis 6, Missouri</u>	23b. ADDRESS	23c. DATE SIGNED <u>3/25/57</u>
24a. MARRIAGE RECORD NO. <u>302141</u>	24b. DATE <u>3/27/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Jeff. Bks, Mo</u>		

DATE REC'D BY LOCAL REG. <u>3/26/57</u>	REGISTRAR'S SIGNATURE <u>Hubert B. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Fendler 5611 South Grand Blvd.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*

P. O. Address *5611 S. Grand*

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