XC # 454599
SL # 8201 FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33810

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8498

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 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: ST. LOUIS, MISSOURI — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETS. ADM. HOSP. — Length of stay in 1b: 4 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 407 SOUTH JEFFERSON — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First: SAM Middle: Last: LOVE

4. DATE OF DEATH Month Day Year: 9-8-57

5. SEX: MALE **6. COLOR OR RACE:** NEGRO **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: 12-9-95 **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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and state or country): MABYON, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BEN LOVE
14. MOTHER'S MAIDEN NAME: MARIE EDWARDS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT Address: VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

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) Carcinoma of the esophagus with known localized metastases and probable generalized metastases. — INTERVAL BETWEEN ONSET AND DEATH: 7 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): 150 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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/VA attended the deceased from 9-4-57, to 9-8-57 and last saw him alive on 9-8-57
Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. F. Westphalinger M. D.
22b. ADDRESS: VAH, ST. LOUIS, MISSOURI
22c. DATE SIGNED: 9-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/13/57
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MO.

24. FUNERAL DIRECTOR: G. WADE GRANBERRY
ADDRESS: 4202 FINNEY AVE
25. DATE RECD. BY LOCAL REG.: SEP 10 57
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(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 em

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed. Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washi

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.