

IC-15 859 072

SL 15354 FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

58-011594

STATE FILE NUMBER

1003

Registrar's No. 2262

Registration District No. Primary Registration District No.

300
-57
0

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ALEXANDER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CAIRO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in lb 95 days	d. STREET ADDRESS (If outside, give location) 32 228 - 24TH ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELMER Middle Last FENNER			4. DATE OF DEATH Month FEBRUARY Day 24 Year 1958		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/19/91	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) JACKSON, TENN.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME TOM FENNER		13b. MOTHER'S MAIDEN NAME ELLA SHAW		14. NAME OF HUSBAND OR WIFE IVORY FENNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 709-03-2489		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH 7 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) EMPHYEMA					2 Weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HISTORY OF PULMONARY TUBERCULOSIS AND LOBECTOMY					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> (NONE)		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 WORK <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 11/21/57 to 2/24/58 and last saw him ^{her} alive on 2/24/58 Death occurred at 6:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. I. RUER (Degree or title) M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/25/58	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) CAIRO, ILLINOIS
24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney			25. DATE RECD. BY LOCAL REG. FEB 25 '58		26. REGISTRAR'S SIGNATURE Earl Smith M.D. mgs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in report to All diseases in Part I must be causally related.

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 *Edward G. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney

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.