t. Health, XC-3444481
, & Welfare SL 7571
S. Public
th Service

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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030446
STATE FILE NUMBER 8417

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 VET.ADM.HOSPITAL 0 Length of stay in lb 10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY
c. CITY OR TOWN KAMPSVILLE 81208 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 32 - - - - - - - - Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOHN Middle E Last GRESS
4. DATE OF DEATH Month AUGUST Day 30, Year 1958

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]
8. DATE OF BIRTH 3-5-02
9. AGE (In years last birthday) 56 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) CALHOUN COUNTY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME LAWRENCE GRESS
13b. MOTHER'S MAIDEN NAME MAGGIE CASTOR
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 325148532
17. INFORMANT Address VAH RECORDS 915 N.GRAND 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) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 491 x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 8/20/58, to 8/30/58 and last saw him alive on 8/30/58
Death occurred at 6:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) RAYMOND M. KELTNER M.D.
22b. ADDRESS VAH 915 N.GRAND ST.LOUIS, MO.
22c. DATE SIGNED 8/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-31-58
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Hardin, Illinois.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG. SEP 2 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith, MD S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis

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.