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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003935
State File No.

Reg. 121,317

FILED JAN 26 1959

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 211

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residency before institution) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL, and give town) JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 63 days	c. CITY OR TOWN GRANITE CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1806 STATE STREET	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) PRESTON c. (Last) BAIN			4. DATE OF DEATH (Month) (Day) (Year) 1-21-59		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 9-1-85	9. AGE (In years last birthday) 73	If UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUMP OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY STARCH COMPANY	11. BIRTHPLACE (City and State or Foreign Country) ELDORADO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES BAIN		13b. MOTHER'S MAIDEN NAME HELEN BURNETT		14. NAME OF HUSBAND OR WIFE unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive Confluent Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 to 7 days
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease		Long term

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) VA

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-19-58, 1958, to 1-21-59, 1959, ~~26-26-59~~ and that death occurred at 8:40p m., from the causes and on the date stated above.

23a. SIGNATURE W. G. [Signature] (Degree or title) M.D.	23b. ADDRESS VA Hosp. Jefferson Barracks, Mo.	23c. DATE SIGNED 1-22-59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-59	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.

DATE REC'D BY LOCAL REG. 1-22-59	REGISTRAR'S SIGNATURE John C. Murphy, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw. Fendler Mortuary 5611 So. Grand
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(Licensed Embalmer's Statement on Reverse Side)

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 *Halley J. Koeller J*.....

Licensed Embalmer No...4925

P. O. Address *St. Louis, Mo.*

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.