Health, Welfare Public Service

XC-14 535 293
Reg. 119,666
FILED MAR 9 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007976
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 588

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JEFFERSON BARRACKS, MO. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Vet.Adm. Hospital Length of stay in Ib: 755 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: COOK
c. CITY OR TOWN: CHICAGO 8126 8 Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1013 W. MADISON Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: Last: CHRYSTAL
4. DATE OF DEATH: Month 3 Day 2 Year 59

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 3-27-07
9. AGE (In years last birthday): 51 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): CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): NEW YORK, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
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-2
16. SOCIAL SECURITY NO.: 357 07 4235
17. INFORMANT: VA HOSP. RECORDS, JEFFERSON BARRACKS, MO. Address

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): ACUTE CARDIAC FAILURE (COR PULMONALE) — INTERVAL BETWEEN ONSET AND DEATH: Appx. 2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): PULMONARY TUBERCULOSIS, HEALED — 7 YEARS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): OE2X
19. WAS AUTOPSY PERFORMED? YES ☒ 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 VA attended the deceased from 2-5-57, to 3-2-59 and last saw the deceased on the date stated above; and to the best of my knowledge, death occurred at 9:15 p.m. from the causes stated.

22a. SIGNATURE (Degree or title): W. OPPLER, Dir. Prof. Services M.D.
22b. ADDRESS: VA HOSP. JEFFERSON BARRACKS, MO.
22c. DATE SIGNED: 3-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-6-59
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS: Edw. Fendler Mortuary, 5611 S. Grand, St. Louis, Mo
25. DATE RECD. BY LOCAL REG.: 3-4-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Harlan P. Kueller Jr

Licensed Embalmer No. 4950

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.