Health, Welfare Public Service

300 -57

XC-5201 679
Reg. 120,016

FILED MAY 7 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016336
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 875

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO. — Inside Limits Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet.Adm. Hospital — Length of stay in 1b 552 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 ☒ No ☐ d. STREET ADDRESS (If outside, give location) 1935 FRANKLIN — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First AUGUSTUS Middle -- Last MOSES

4. DATE OF DEATH: Month 3 Day 30 Year 59

5. SEX: MALE 2

6. COLOR OR RACE: NEGRO

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH: 3-15-18

9. AGE (In years last birthday): 41 — 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: —

11. BIRTHPLACE (City and state or country): SHELBY, MISSISSIPPI 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: AUGUSTUS MOSES

13b. MOTHER'S MAIDEN NAME: MARY CAREWELL

14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES

16. SOCIAL SECURITY NO.: 489 166366

17. INFORMANT: VA HOSP.RECORDS, JEFFERSON BARRACKS, 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) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: ONE YEAR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) GENERALIZED CARCINOMATOSIS — Undetermined

DUE TO (c) 151X

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 ☐ NO ☒ 2

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 9-24-57, to 3-30-59 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Death occurred at 10:00 AM m on the date stated above; and to the best of my knowledge, 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: 3-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 4/3/59.

23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY

23d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: G. WADE GRANBERRY 4202 FINNEY AVE.

25. DATE RECD. BY LOCAL REG.: 3-31-59

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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.