

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033359

XC-16311299 REG. #A-1569

Registration District No. 317

Primary Registration District No. 570

Registrar's No. 2530

STATE FILE NUMBER

INDEXED FILED VS SEP 7 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in lb 35 DAYS	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7221 SHELLBURNE DRIVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS MONROE BIGNESS			4. DATE OF DEATH Month Day Year 8-22-1960		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-23-11	9. AGE (last birthday) 49 YEARS	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CORE MAKER	10b. KIND OF BUSINESS OR INDUSTRY NEW YORK AIR BRAKE MFG CO.	11. BIRTHPLACE (City and state or country) COPENHAGEN, N.Y.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ARTHUR J. BIGNESS	13b. MOTHER'S MAIDEN NAME EDITH R. DELMORE	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII	16. SOCIAL SECURITY NO. 108-09-2398	17. INFORMANT MRS. ARTHUR J. BIGNESS Address 7221 SHELLBURNE DR., ST. LOUIS MO. (Mother)
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL ORGANIZED BRONCHOPNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED
DUE TO (b) RHEUMATIC HEART DISEASE		UNDETERMINED
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. OBSOLESCENT TUBERCULOUS GRANULOMA 2. LEFT CEREBRAL INFARCTION		PART III. If deceased was female was there a pregnancy in last 90 days. OLD

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from **7-18-1960** to **8-22-1960**
Death occurred at **7:40** P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Oppler (Degree or title) M.D. DIRECTOR PROFESSIONAL SERVICES, VA HOSP, JEFF BRKS, 25 MO.	22b. ADDRESS	22c. DATE SIGNED 8-23-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 26, 1960	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO.	23e. DATE RECD. BY LOCAL REG. 8-24-60	23f. REGISTRAR'S SIGNATURE John C. Murphy

24. FUNERAL DIRECTOR **KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.**

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin A. McAlena

Licensed Embalmer No. 3024

P. O. Address _____

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.