

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC 21509615

SL 24025

-61-006708

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1782** STATE FILE NUMBER **6708**

FILED VS MAR 1 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay: in 1b 45 DAYS	c. CITY OR TOWN ST. CLAIR Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First VIRGIL Middle CARL Last MABERY			4. DATE OF DEATH Month FEBRUARY Day 20 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-25	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEAR OPERATOR-METAL		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) BONNE TERRE, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME RALPH T. MABERY		13b. MOTHER'S MAIDEN NAME ELEMA GROAO		14. NAME OF HUSBAND OR WIFE ROXIE PEARL MABERY	
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.	17. INFORMANT ROXIE MABERY, 1310 MISSISSIPPI, ST. LOUIS, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for each death)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **HODGKINS DISEASE** INTERVAL BETWEEN ONSET AND DEATH **3 YEARS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **201x**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)	
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
21. VA attended the deceased from 1-6-61 to 2-20-61 and last saw him alive on 2-20-61 Death occurred at 11:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>Robert O. Kuehn</i>	(Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 2-21-61
--	----------------------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/23/61	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
---	-----------------------------	--	--

24. FUNERAL DIRECTOR Edward Fendler 5611 So. Grand Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 23 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
--	---------	--	--

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

MAR 20 1961

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 Leo J. Budde
Licensed Embalmer No. 3989

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.