

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

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1664

FILED VS MAR 1 1961

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N GRAND, ST LOUIS, MO.</u>		Length of stay in 1b <u>50 DAYS</u>	c. CITY OR TOWN <u>E. ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VETS. ADMIN. HOSPT.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1118 ST. CLAIR</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>N.</u> Last <u>MOES</u>			4. DATE OF DEATH Month <u>FEBRUARY</u> Day <u>17</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7/21/28</u>	9. AGE (last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN - HOLLAND FURNACE COMPANY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. PAUL, MINN.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>PETER MOES</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE IRRTHUM</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or not known) <u>YES</u> (If yes, give war or dates of service) <u>WW II & KOREAN</u>			17. INFORMANT <u>PETER MOES (FATHER)</u> Address <u>527 W. FROST SO. ST. PAUL, MINN.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>EMBRYONAL CELL CARCINOMA OF TESTIS WITH METASTASES TO NECK AND BOTH LUNGS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 MTHS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		
			DUE TO (c)		<u>178x</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. <u>NA</u> attended the deceased from <u>12/29/60</u> to <u>2/17/61</u> and last saw him alive on <u>2/17/61</u>		Death occurred at <u>9:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>WALTER B. GOLDFARB, M.D.</u> (Degree, or title)			22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>2/17/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/23/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>So. St. Paul, Minnesota</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u>		ADDRESS <u>E. St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 18 1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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 John J. Kasely III

Licensed Embalmer No. 5039

P. O. Address East St. Louis, Ill

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.