

FILED FEB 24 1942

Registration District No. 757

Primary Registration District No. 200

Registrar's No. 312

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 10/17/41
(Specify whether years, months or days)
In this community Since 10/17/41.

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Quincy
(If outside city or town limits, write "RURAL")
(d) Street No. Soldiers' and Sailors' Home
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th,
year 1942 hour 11:35 minute _____ A. M.

21. I hereby certify that I attended the deceased from
October 17, 1941 to February 9, 1942
that I last saw him alive on February 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary arteriosclerotic heart disease, myocardial damage and myocardial insufficiency.

Duration

Unknown

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?

While at work _____ (Specify type of place)
Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 2/9/42.

3. (a) PRINT FULL NAME John L. Furlong

3. (b) If veteran, name war World War 3. (c) Social Security No. Yes - not

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 6, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Galesburg, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name James Furlong

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Morrissey

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellie
(b) Address Clinical Clerk, VAF, Jeff Bks., Mo.

17. (a) BURIAL (b) Date thereof FEB. 13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister H. & C.

(b) Address 7814 S. Broadway

19. (a) FEB 11 1942 (b) C. H. Mc Donnan
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
0
0

McDonnan

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Linus C. Hoffmeister

Licensed Embalmer No.....

3871

P. O. Address.....

7814 S Broadview

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 this body is not embalmed, fact should be so stated above.