

FILED AUG 12 1946

Registration District No. 27

Primary Registration District No. 5076

Registrar's No. 1650

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since 6-10-46
(Specify whether
 In this community 8 Years
years, months or days)

3. (a) PRINT FULL NAME HIGGINS, Donald W.
 3. (b) If veteran, name war World II
 3. (c) Social Security No. 492123638

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maxine Higgins 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased October 2 1914
(Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 4 If less than one day
hr. min.

9. Birthplace Kendall, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Higgins
 13. Birthplace New York
(City, town, or county) (State or foreign country)
 14. Maiden name Alice Green
 15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
 (b) Address Jefferson Barracks, Missouri
 17. (a) Burial (b) Date thereof 8-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation National Cemetery
C. T. NASH Funeral

18. (a) Signature of funeral director Harvey E. Sisk
 (b) Address Home St. St. Louis

19. (a) 8-8-46 (b) C. T. NASH
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4463a Evans Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
 year 1946 hour 8:40 minute A M.

21. I hereby certify that I attended the deceased from 6-10-46, 1946, to 8-6-46, 1946;
 that I last saw him alive on August 6, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY, CHRONIC, FAR ADVANCED, ACTIVE Duration UNK

Due to 138
 Due to _____

Other conditions TUBERCULOSIS OF LYMPHATIC SYSTEM; LUPUS ERYTHEMATOSUS UNK

Major findings: Aspiration Gland, Neck PHYSICIAN _____
 Of operations 7-10-46
 Of autopsy No Autopsy

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, on farm, in industrial place, in public place? _____

While at work Harvey E. Sisk (Specify type of place) _____
 Means of injury _____
 23. Signature HARVEY E. SISK, M.D. (M. D. or other) _____
Vet. Adm. Hosp. Jeff. Brks., Mo. Address _____
 Date signed 8-6-46

OCT 15 1948

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.....

Licensed Embalmer No. C. J. Nash
2438

P. O. Address. 2847 Payne

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.