

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

State File No. **21789**

FILED JUL 14 1948
Registration District No. **377**

Primary Registration District No. **2076**

Registrar's No. **1672**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks, Mo.**
(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 **47 Days** (Specify whether
In this community **47 Days** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Sangamon**
(c) City or town **Rochester**
(If outside city or town limits, write "RURAL")
(d) Street No. **RR #1** (If rural, give location)
(e) Citizen of foreign country **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WALKER, John C.**
3. (b) If veteran, name war **WW-1** 3. (c) Social Security No. **None**

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 **October 16 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 20 hr. min.

9. Birthplace **Breckenridge, Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business _____
12. Name **Eli D. Walker**
13. Birthplace **Rushville, Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Haney**
15. Birthplace **Breckenridge, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**
(b) Address **Jefferson Barracks, Mo.**
17. (a) **Removal** (b) Date thereof **7-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rochester, Ill.**
18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4704 Washington, St. Louis, Mo.**
19. (a) **7-7-48** (b) **Seal of State M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**
year **1948** hour **6:50** minute **P.** M.
21. I hereby certify that I attended the deceased from **May 20,** 19 **48** to **July 6,** 19 **48**
that I last saw him alive on **July 6,** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA, ADENOCARCINOMA OF PANCREAS WITH METASTASES**
Due to _____
Contributory cause: -
Due to **MALNUTRITION**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **No Autopsy performed**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(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? _____ (Specify type of place) (c) Name of injury
L. E. Stilwell
23. Signature **L. E. Stilwell** (M. D. of State)
Address **VAH, Jeff. Bks. Mo.** Date signed **7/7/48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

Frank A Myland, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank A Myland

Licensed Embalmer No. 2645

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