

FILED OCT 19 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town West Washington Twp
(c) Name of hospital or institution: State Hospital #2
(d) Length of stay: In hospital or institution 4 1/2
In this community 4 months 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0
(c) City or town St Louis
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-6 to 10-11, 1948; that I last saw him alive on 10-11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease
Due to: Arteriosclerosis

Other conditions: lung deterioration
Major findings: 930
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: R. G. Hall (M. D. or other) _____
Address: Nebraska Mo Date signed: 10-11-48

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

3. (a) PRINT FULL NAME: THOMAS SOLON

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: Mar!

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

7. Birth date of deceased: 12-31-1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 10 If less than one day hr. _____ min. _____

9. Birthplace: Ill (City, town, or county) (State or foreign country)

10. Usual occupation: Brown factory

11. Industry or business: _____

12. Name: Andrew

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

14. Maiden name: _____

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

16. (a) Informant: Hospital record
(b) Address: Nebraska, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-13-48
(Month) (Day) (Year)
(c) Place: burial or cremation: Hospital Cemetery

18. (a) Signature of funeral director: Paul Seibinger
(b) Address: Nebraska, Mo.
19. (a) 10-14-48 (Date received local registrar) (b) Thomas Vance (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1188

Date Filed 10-16-48

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 ^{not}.....

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

Signed Mark. E. Schuyler

Licensed Embalmer No. 2656

P. O. Address Nevala, Mo

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, above space should be left blank.