

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **00233**

9600

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

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6076		Registrar's No. 00233	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE Illinois b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Frankfort		11 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.				d. STREET ADDRESS (If rural, give location) RR #1, Box #339			
3. NAME OF DECEASED (Type or Print) a. (First) ED b. (Middle) _____ c. (Last) VINEYARD			4. DATE OF DEATH (Month) (Day) (Year) January 26, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 1, 1889	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Carrier Mills, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jewell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME EUGENE F. NOLAN VAH, Jeff Brks., Mo.				ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PROSTATE EXTENSIVE, WITH METASTASIS & INTESTINAL OBSTRUCTION				INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ATELECTASIS, BILATERAL; LEFT PYONEPHROSIS				177 Unknown	
19a. DATE OF OPERATION 1/26/49		19b. MAJOR FINDINGS OF OPERATION Attempted Colostomy				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from January 17, 1949 , to January 26, 1949 , that I last saw the deceased alive on January 17, 1949 , and that death occurred at 12: Noon , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Stilwell (Degree or title) MD				23b. ADDRESS VAH, Jefferson Barracks, Mo.		23c. DATE SIGNED 1/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN. 27-49	24c. NAME OF CEMETERY OR CREMATORY WEST FRANKFORT, ILL.		24d. LOCATION (City, town, or county) (State) WEST FRANKFORT, ILL.		
DATE REC'D BY LOCAL REG. 1-27-49		REGISTRAR'S SIGNATURE Thurmond G. ...		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER ADDRESS 7811 So. Bdway., St. Louis, Missouri			

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.

Signed.....

Harry J. Schumacher

Signed.....

Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 J. P. Road*

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.