

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18166**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **996**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>36</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Bks., Mo.</b>		c. LENGTH OF STAY (In this place) <b>5 das.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN, MO.</b>		<b>(2)</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Admin Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>RR#2.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Charles</b> c. (Last) <b>RICHARD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 23 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 8, 1894</b>		9. AGE (In years last birthday) <b>55</b> if UNDER 1 YEAR: Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Navy.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Anthony Richard</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Tuggle</b>		14. NAME OF HUSBAND OR WIFE <b>Eloise</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI and WWII</b>		16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EUGENE F. NOLAN, Registrar</b> <b>Vet. Adm. Hosp. Jeff. Brks., Mo.</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Marginal Jejunal Ulcer with Hemorrhage.</b>	ANTECEDENT CAUSES DUE TO (b) <b>-</b> DUE TO (c) <b>1252</b>				Unk.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Cardiac Hypertrophy with failure.</b>				Unk.
19a. DATE OF OPERATION <b>None.</b>		19b. MAJOR FINDINGS OF OPERATION <b>-</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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 <b>Apr. 18, 1949</b> , to <b>Apr. 23, 1949</b> , that I last saw the deceased alive on <b>Apr. 23, 1949</b> , and that death occurred at <b>5:35A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>L.E. Stilwell</b> (Degree or title) <b>L.E. STILWELL, M.D., Chf. Prof. Services.</b>			23b. ADDRESS <b>Jefferson Barracks, Mo.</b>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/26/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-23-49</b>		REGISTRAR'S SIGNATURE <b>Thurmond L. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JOHN L. ZIEGENHEIN &amp; SONS St. Louis, Mo.</b>	

(Licensed Emballer's Statement on Reverse Side)

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

JUN 10 1949

JUN 9

1949

JUL 26 1949

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.

Student .....  
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravel

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.

JUN 17 1949