

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18209

State File No.

FILED MAY 28 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1096

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (In this place) <u>71 days</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>M.</u>	
c. (Last) <u>VERMILLION</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 7, 1880</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Gate City, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unavailable</u>		13b. MOTHER'S MAIDEN NAME <u>Unavailable</u>	
14. NAME OF HUSBAND OR WIFE <u>Eula</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NUMBER <u>Spanish-American Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>		ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93d</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-----</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-----</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>-----</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 20, 1949</u> , to <u>May 2, 1949</u> , that I last saw the deceased alive on <u>May 2, 1949</u> , and that death occurred at <u>9:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>VAH, JEFF. BRKS., MO.</u>	
23c. DATE SIGNED <u>5/2/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/2/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fulton Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>-----</u>	
DATE REC'D BY LOCAL REG. <u>5-2-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>ALBERT H. HOPPE</u>		ADDRESS <u>FUN. HOME St. Louis, Missouri</u>	

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 Robert G. Hoppe

Signed _____
Student Embalmer

Licensed Embalmer No. 2971

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.