

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25606

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BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1808

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Sangamon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 16 days		d. STREET ADDRESS (If rural, give location) 610 South College	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) E. c. (Last) BURACKER			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 20, 1893
9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive parts dealer		10b. KIND OF BUSINESS OR INDUSTRY Auto parts	11. BIRTHPLACE (State or foreign country) Stanley, Virginia
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jacob Buracker		13b. MOTHER'S MAIDEN NAME Flora (Maiden name Unk.)	14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA WITH METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
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) None		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 June 21, 1949 , to July 7, 1949 , that I last saw the deceased alive on July 7, 1949 , and that death occurred at 3:10 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE L. E. Stilwell (Degree or title) Chf. Prof. Services		23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.	23c. DATE SIGNED 7/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 7-9-49	24c. NAME OF CEMETERY OR CREMATORY SPRINGFIELD, ILL.	24d. LOCATION (City, town, or county) (State) SPRINGFIELD ILL.
DATE REC'D BY LOCAL REG. 7-8-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS D&L Co. St. Louis, Mo.	

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

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

Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address: 7814 S. Broadway

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.