

No. 300
10. 48

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43237

State File No. _____
Registrar's No. **04730**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Jefferson Brks. Mo.	c. LENGTH OF STAY (in this place) 23 days	c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL		d. STREET ADDRESS (if rural, give location) 2937 Thomas	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) _____	c. (Last) FORMBY	4. DATE OF DEATH (Month) (Day) (Year) 12/16/49		
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5. SEX M	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/7/96	9. AGE (In years last birthday) 53 yrs	IF UNDER 1 YEAR Months 4 Days 9	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Man		10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (State or foreign country) Lincoln, Ala.		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Formby		13b. MOTHER'S MAIDEN NAME Ella Ruby		14. NAME OF HUSBAND OR WIFE Selena Formby	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. World 1 498-09-0222	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.A. HOSPITAL RECORDS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung (Left)	DUE TO (b) Metastasis				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					16-3 X

19a. DATE OF OPERATION 3/11/49	19b. MAJOR FINDINGS OF OPERATION Cancer Lung (Left)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 163X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **11/23**, 19**49**, to **12/16/**, 19**49**, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE NICHOLAS H. ZILLER, M.D. (Degree or title)		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO	23c. DATE SIGNED 12/16/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-21-1949	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.
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DATE REC'D BY LOCAL REG. 12-20-49	REGISTRAR'S SIGNATURE Berbert R. Dornke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.
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JAN 10 1950

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 *S. J. Watson*.....

Licensed Embalmer No. *2692*.....

P. O. Address *2769 Chouteau*.....

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.