

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3391
Registrar's No. 00037

FILED FEB 10 1950

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 6076

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 Barracks, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 39 days		D. STREET ADDRESS (If rural, give location) 3428 McKean Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Adm. Hospital			
3. NAME OF DECEASED a. (First) Arthur b. (Middle) (NMI) c. (Last) DUY			4. DATE OF DEATH (Month) (Day) (Year) January 6 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-7-1916
9. AGE (In years last birthday) 33		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpet Layer	10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Aurora, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Duy		13b. MOTHER'S MAIDEN NAME Barbara Wagner	14. NAME OF HUSBAND OR WIFE Ruth Duy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2		16. SOCIAL SECURITY NO. 328011271	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) JAUNDICE AND CACHEXIA INTERVAL BETWEEN ONSET AND DEATH 2 wks. ANTECEDENT CAUSES DUE TO (b) CANCER OF PANCREAS Morbid conditions, if any, giving 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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		157X	
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 10-28-49, 19__, to 1-6-__, 19 50, that I last saw the deceased alive on 1-6-50, 19__, and that death occurred @ 3-30-A. m., from the causes and on the date stated above.			
23a. SIGNATURE L.E. STILWELL, M.D., Chf., Prof. Services.		23b. ADDRESS VA Hosp., Jeff. Brks., Mo.	
23c. DATE SIGNED 1-6-50		23d. NAME OF CEMETERY OR CREMATORY Lin. H'way Cemetery	
23e. LOCATION (City, town, or county) Aurora Illinois		23f. (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-9-50	
24c. NAME OF CEMETERY OR CREMATORY Lin. H'way Cemetery		24d. LOCATION (City, town, or county) Aurora Illinois	
24e. (State) _____		24f. DATE REC'D BY LOCAL REG. 1-6-50	
REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE SCHUMACHER UND. CO. 3013. Meramec, 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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

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.