

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3407**

24503

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 166	
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. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Adm. Hospital				d. STREET ADDRESS (If rural, give location) 3221 a Lawton Street			
3. NAME OF DECEASED (Type or Print) a. (First) Dorsey			b. (Middle) (NMI)		c. (Last) GINES		4. DATE OF DEATH (Month) (Day) (Year) January 16 1950
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-4-08	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 9	IF UNDER 12 HRS. Days 12 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Joseph, La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dorsey Gines			13b. MOTHER'S MAIDEN NAME Mary Diggs		14. NAME OF HUSBAND OR WIFE Irwin Gines		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES		16. SOCIAL SECURITY NO. 497077886		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 1 HOUR	
		ANTECEDENT CAUSES CHRONIC MYELOGENOUS LEUKEMIA				2 1/2 YRS	
		DUE TO (b) 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.				2041	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 204.1				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) VA		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 Jan. 2, 1950 , to Jan. 16, 1950 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. B. Stillwell E. B. STILLWELL, M.D., Chf. of Prof. Services				23b. ADDRESS VAH J B MO		23c. DATE SIGNED 1-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)		24b. DATE 1-20-1950	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson BARRACKS, MO.		
DATE REC'D BY LOCAL REG. JAN 19 1950		REGISTRAR'S SIGNATURE Robert A. Donke		25. FUNERAL DIRECTOR'S SIGNATURE E. B. KOONCE FUNERAL HOME 1221 No. Grand - St. Louis, Missouri			

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

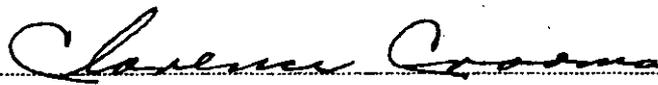
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No.

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.