S. No. 300
EV. 10.48

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

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 0076 Registrar's No. 1149

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jeff. Brks. Mo.
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2227
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 1
d. STREET ADDRESS (If rural, give location): 742 S. 4th St.

3. NAME OF DECEASED (Type or Print)
a. (First): CAMMA
b. (Middle): D.
c. (Last): DRYDEN

4. DATE OF DEATH (Month) (Day) (Year): 5/3/50

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0
8. DATE OF BIRTH: 10/17/95
9. AGE (In years last birthday): 54 — If under 1 year: Months 6, Days 16 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New London, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: V. A. 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) PERFORATED GASTRIC ULCER WITH GENERALIZED ~~PERITONITIS~~ — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 54

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: 540.1
20. AUTOPSY? YES [X] NO [ ]

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): V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/3/ 1950, *to* 5/3/ 1950, ~~*that I last saw the deceased alive on*~~ ~~XXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 4:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Stilwell M.D. CHIEF, PROF. SERVICES
23b. ADDRESS: V.A. HOSP. JEFF.BRKS. MO.
23c. DATE SIGNED: 5-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 5-50
24c. NAME OF CEMETERY OR CREMATORY: National
24d. LOCATION (City, town, or county) (State): JEFF. BKS. Mo

DATE REC'D BY LOCAL REGISTRAR: MAY 4 1950
REGISTRAR'S SIGNATURE: Herbert R. Monk, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: B. HOFFMEISTER U & L Co. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Signed _____
Student Embalmer

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.