

No. 300  
10.48

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23073

XC-199 23 12  
Reg.# 83345

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1977

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFF BRKS MISSOURI</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2229</u>	
c. LENGTH OF STAY (In this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>2717 Clark Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADMIN. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>IRA</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 15, 1950</u>
				<u>WASHINGTON</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-2-98</u>	9. AGE (In years last birthday) <u>52</u>	# UNDER 1 YEAR Months	YEAR Days	# 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) <u>Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) <u>HICKMAN, ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>GEORGE WASHINGTON</u>	13b. MOTHER'S MAIDEN NAME <u>LULA WRIGHT</u>	14. NAME OF HUSBAND OR WIFE <u>ADDIE WASHINGTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u>	16. SOCIAL SECURITY NO. <u>L89188615</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</u>	ADDRESS
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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) <u>SYPHILITIC AORTITIS</u>		ANTECEDENT CAUSES		<u>023X</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <u>TERTIARY SYPHILIS</u>		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"/>
		<u>023X</u>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
<u>VA</u>		

22. I hereby certify that I attended the deceased from 2-25-, 19 50, to 8-15-, 19 50, and that death occurred at 6:50 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.E. Stillel M.D.</u> (Degree or title)	23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>8-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/21/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>	24d. LOCATION (City, town, or county) (State) <u>JEFF. BRKS. MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-18-50</u>	REGISTRAR'S SIGNATURE <u>Hubert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME, St. Louis, Mo.</u>	ADDRESS
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(Licensed Embalmer's Signature - Reverse Side)

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

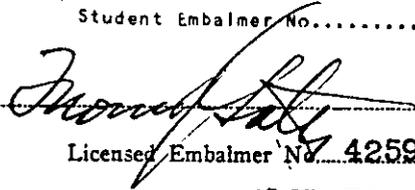
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_



Licensed Embalmer No. 4259

Signed.....

Student Embalmer

P. O. Address 4107 Finney Avenue

**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.