

No. 300
10-48

REC'D JAN 25 1951
KC 12 13 218
Reg.# 89630

STANDARD CERTIFICATE OF DEATH

State File No. **3429**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 73 days.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.#1 BOX 1 CATAWISSA, MO.	
		d. STREET ADDRESS (If rural, give location) R.R. #1 BOX 1	

3. NAME OF DECEASED (Type or Print) JOHN L. WEST			4. DATE OF DEATH (Month) (Day) (Year) JAN. 14, 1951			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-27-91	9. AGE (In years last birthday) 59 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARIES CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM WEST	13b. MOTHER'S MAIDEN NAME ELIZABETH SKAGGS	14. NAME OF HUSBAND OR WIFE JENNIE LEE WEST
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS JEFF BRKS, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CARCINOMA, ESOPHAGUS		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 150X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 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 11-2, 1950, to 1-14, 1951 and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Haddock M.D. U	23b. ADDRESS VA HOSPITAL, JEFF BRKS, MO.	23c. DATE SIGNED 1-14-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan 18, 1951	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
	24d. LOCATION (City, town, or county) (State) JEFF. BRKS, MO.	

DATE, REC'D BY LOCAL REG. 1/15/51	REGISTRAR'S SIGNATURE Hubert R. Lonke MD	53	25. FUNERAL DIRECTOR'S SIGNATURE C. Halpernstein N.B. Co. - 7814 So	ADDRESS Broadway
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WRITE CLEARLY - 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

Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 78141 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.