

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25707

State File No. ....

2604

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2604</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4000</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>5082 MILENTZ, ST. LOUIS, MISSOURI</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETS ADMIN HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>5082 MILENTZ STREET 2029</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>L.</u>		c. (Last) <u>CLOSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 7, 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-22-93</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u>15</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>PACIFIC, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES C. CLOSE</u>			13b. MOTHER'S MAIDEN NAME <u>NEILLIE HENRY</u>		14. NAME OF HUSBAND OR WIFE <u>GERTRUDE L. CLOSE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>6-30-17 to 5-12-19 702 09 4043</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VAH RECORDS, JEFF. BRKS., MO.</u>			
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) <u>CEREBRAL THROMBOSIS</u>  ANTECEDENT CAUSES <u>HYPERTENSIVE CARDIO VASCULAR DISEASE</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>20 DAYS</u>  <u>6 YRS</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>SEE EX</u>		19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>June 17, 1951</u> to <u>July 7, 1951</u> , and that death occurred at <u>1:10 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Stanley W. Nald</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VAH, JEFF. BRKS., MO.</u>		23c. DATE SIGNED <u>7-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-9-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Lomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ROBERT J. AMBRUSTER, ST. LOUIS, MO.</u>			

JUL 16 1953

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 *E. W. Johnson*.....  
Licensed Embalmer No. *4080*.....

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.