

F-21-51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25799

XC REG'D JUL 27 1951
Reg #93 399
BIRTH NO.

REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2711

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MASSAC	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROOKPORT	
c. LENGTH OF STAY (In this place) 92 DAYS		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) EDDIE			a. (First)			b. (Middle)			c. (Last) VERBECK			4. DATE OF DEATH (Month) (Day) (Year) 7-20-51			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-1-1892			9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) MASSAC CO., ILL.				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME JOHN VERBECK			13b. MOTHER'S MAIDEN NAME CAROLINE GILLETTE			14. NAME OF HUSBAND OR WIFE MARY E. VERBECK					
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. 327180455			17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARCINOMA OF ESOPHAGUS							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 150X							
		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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?					

22. I hereby certify that I attended the deceased from **4-20**, 19 **51**, to **7-20**, 19 **51**, that it was the deceased who died, and that death occurred at **2:10a** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD			23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.			23c. DATE SIGNED 7-20-51		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-21-51		24c. NAME OF CEMETERY OR CREMATORY Brookport		24d. LOCATION (City, town, or county) (State) Ill		

DATE REC'D BY LOCAL REG. 7-20-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.		ADDRESS 104 Manchester Ave.	
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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

John Ketter

Licensed Embalmer No. 3880

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.