

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29097

REG# 95780
FILED SEP 7 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3028

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) CENTERVILLE,	
c. LENGTH OF STAY (in this place) 30 DAYS		d. STREET ADDRESS (If rural, give location) RD # 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY b. (Middle) - - - c. (Last) GISCHER			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 31 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED (SEPARATED)	8. DATE OF BIRTH 12-31-93	9. AGE (In years last birthday) 57 YRS	10. IF UNDER 1 YEAR Months Days 1 20 8
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) CENTERVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME BATISTE GISCHER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE EVELYN GISCHER
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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS JEFFERSON BRKS, MO.

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		INTERVAL BETWEEN ONSET AND DEATH 6 WKS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GLIOBLASTOMA MULTIFORME		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - - 1934		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 8-14-51	19b. MAJOR FINDINGS OF OPERATION GLIOBLASTOMA MULTIFORME INVOLVING LEFT CEREBRAL HEMISPHERE	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)	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 **8-1-**, 19**51**, to **8-31**, 19**51**, that death was the result of **GLIOBLASTOMA MULTIFORME**, and that death occurred at **10:28 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.	23b. ADDRESS VAH JEFF BRKS, MO.	23c. DATE SIGNED 9-1-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 4, 1951	24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Ill
24d. LOCATION (City, town, or county) (State) East St. Louis, Ill		

DATE REC'D BY LOCAL REG. 9-1-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> East St. Louis, Ill
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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 Chas M. Zucke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.