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Reg.# 96847

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32140

FILED OCT 13 1954

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3319

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PHELPS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS, MO.) c. LENGTH OF STAY (In this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JAMES 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) SOLDIERS & SAILORS HOME	
3. NAME OF DECEASED (Type or Print) LOUIS LOUIS	b. (Middle) (NML)	c. (Last) ALDRIDGE (ARMY) ALDRIDGE	4. DATE OF DEATH (Month) (Day) (Year) 10-3-51
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 2	8. DATE OF BIRTH 6-29-79
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER	11. BIRTHPLACE (State or foreign country) OWENSBORO, KENTUCKY
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES ALDRIDGE		13b. MOTHER'S MAIDEN NAME LULA HUBBARD	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. UNKNOWN	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) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS			DUE TO (b) 332X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min)	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 9-18-51 , 19___, to 10-3-51 , 19___, that I am the physician who attended the deceased and that death occurred at 12:20P m. , from the causes and on the date stated above.			
23a. SIGNATURE L. Estilwell (Degree or title) M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.	23c. DATE SIGNED 10-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-4-51	24c. NAME OF CEMETERY OR CREMATORY B	24d. LOCATION (City, town, or county) (State) HAWESVILLE, KENTUCKY
DATE REC'D BY LOCAL REG. 10-3-51	REGISTRAR'S SIGNATURE Robert P. Donker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. HOFFMEISTER U&L COMPANY, 7814 S. Bdwy.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAN 7 1952

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

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. 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.