

KC R 99036

BIRTH NO. REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>TOWN JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>TOWN TROY</b>	
c. LENGTH OF STAY (In this place) <b>7 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>BOX 400</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMIN. HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSE</b> b. (Middle) <b>(MT)</b> c. (Last) <b>DE LUCA</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 6, 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>2-10-94</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COAL MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ITALY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>332-12-0433</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, VAH, JEFF. BRKS., MO.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA - Lower nephron nephrosis (supp. report)</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ulcers of esophagus, stomach &amp; cecum (supp. report)</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	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?

2. I hereby certify that I attended the deceased from 12-29, 1951, to 1-5, 1952, and that death occurred at 11:05a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. A. Hueston M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS., MO.</b>	23c. DATE SIGNED <b>1-5-52</b>
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24a. BURIAL: CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JAN. 6, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FRIEDEN'S</b>	24d. LOCATION (City, town, or county) (State) <b>TROY ILLINOIS</b>
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DATE REC'D BY LOCAL REG. <b>1-7-52</b>	REGISTRAR'S SIGNATURE <b>Robert R. Louder</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James E. Edwards Troy, Illinois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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 Jessie S. Edwards

Licensed Embalmer No. 3548

P. O. Address TROY, ILLINOIS

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.