

S. No. 300
v. 10-48

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26734

XC 1175368
REG #103367
BIRTH NO.

REG. DIST. NO. 217

PRIMARY REG. DIST. NO. 500 Registrar's No. 2002

1. PLACE OF DEATH a. COUNTY ST. LOUIS 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PHELPS 1910	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS	c. LENGTH OF STAY (In this place) 15 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) ST. JAMES 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. STREET ADDRESS (If rural, give location) SOLDIERS HOME	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) B. c. (Last) FRANCIS			4. DATE OF DEATH (Month) (Day) (Year) 7-24-52		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH 3-28-1886	9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAINMASTER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) TUSCOLA, ILLINOIS 1	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME AVA FRANCIS		13b. MOTHER'S MAIDEN NAME MARY ANN CRAWFORD		14. NAME OF HUSBAND OR WIFE NONE	
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, JEFF. BRKS., MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO-PNEUMONIA, ADVANCED			
		ANTECEDENT CAUSES DUE TO (b) ASPIRATION FOLLOWING ENCEPHALOMALACIA DUE TO (c) 332X			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ESOPHAGEAL STRICTURE			

19a. DATE OF OPERATION 7-18-52		19b. MAJOR FINDINGS OF OPERATION ESOPHAGEAL STRICTURE			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		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 **7-9-52**, 19**52**, to **7-24-52**, 19**52**, and that death occurred at **3:50A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) K.A. FORBES <i>K.A. Forbes</i> MD 0		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 7-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-25-52		24c. NAME OF CEMETERY OR CREMATORY St James	
24d. LOCATION (City, town, or county) (State) Mo.					

DATE REC'D BY LOCAL REG. 7-26-52		REGISTRAR'S SIGNATURE <i>W. D. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GAHR - St James Mo.	
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K.A. Forbes, M.D.

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 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 Arnold C. Yahnke

Licensed Embalmer No. 2917

P. O. Address St. Louis

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.