

S. No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37228

State File No.

Reg. 105,272
FILES NOV 12 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2637

1000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. LENGTH OF STAY (in this place) 15 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.			d. STREET ADDRESS (If rural, give location) 3524 LAWTON		
3. NAME OF DECEASED (Type or Print) a. (First) ROLLA		b. (Middle)	c. (Last) BLAND	4. DATE OF DEATH (Month) (Day) (Year) 10/10/52	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/28/91	9. AGE (in years last birthday) 60 yrs.	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIPPER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) DESOTO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLIE BLAND		13b. MOTHER'S MAIDEN NAME BERTHA WANSLEY	14. NAME OF HUSBAND OR WIFE MARY R. BLAND		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WORLD I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME V. A. 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS	ANTECEDENT CAUSES				0
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) CARCINOMA, RIGHT LUNG				7 MONTHS
	DUE TO (c) 163X				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS				1 YEAR
19a. DATE OF OPERATION 10-2-52	19b. MAJOR FINDINGS OF OPERATION BRONCHIOGENIC CARCINOMA, RIGHT LUNG				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) V.A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/25</u> , 19 <u>52</u> , to <u>10/10</u> , 19 <u>52</u> , and that death occurred at <u>9:35 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE J. T. KAMINSKAS (Degree or title) M.D.			23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.		23c. DATE SIGNED 10-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct 15 1952	24c. NAME OF CEMETERY OR CREMATORY Jeff Brks Cem	24d. LOCATION (City, town, or county) St Louis	24e. (State) MO	
DATE REC'D BY LOCAL REG. 10-13-52	REGISTRAR'S SIGNATURE Herbert R. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE F. G. Green 4214 Delmar ADDRESS		

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

Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Center

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.