

FILE # EQ 106681552

BIRTH DEC 6 1955 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 200

4008

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>COOK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>1 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHICAGO</u>		d. STREET ADDRESS (If rural, give location) <u>5555 W. Monroe St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>J.</u> c. (Last) <u>TOSSICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-26-52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-30-92</u>
9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>
13a. FATHER'S NAME <u>JOHN TOSSICK</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA SEDIACK</u>	
13c. NAME OF HUSBAND OR WIFE <u>FRANCES TOSSICK</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>191 09 9170</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BKS. MO.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LUNG, RIGHT, WITH METASTASES TO REGIONAL LYMPH NODES, BOTH ADRENAL GLANDS, RIGHT KIDNEY AND LIVER</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>163K</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROTIC HEART DISEASE.</u>			
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)		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 <u>11-25-52</u> , 19 <u>52</u> , to <u>11-26-52</u> , 19 <u>52</u> , and that death occurred at <u>12:45P</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James F. McFadden, M.D.</u>		23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS. MO.</u>	
23c. DATE SIGNED <u>11-26-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-1-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jeff. Brks. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-29-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Blanke</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand</u>	

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

David Van Fossan

Licensed Embalmer No. *4212*

P. O. Address *6322 W Grand*

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.