

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

KC 16 196 903
REG# 115851

State File No.

BIRTH MO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'FALLON	
c. LENGTH OF STAY (In this place) 20 DAYS		8 12 5 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) RURAL ROUTE #2	

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) (NMI) c. (Last) STORNER			4. DATE OF DEATH (Month) (Day) (Year) 1-18-54			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 8-16-95	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) BELLEVILLE, ILLINOIS /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN STORNER	13b. MOTHER'S MAIDEN NAME MARGARET BAEHR	14. NAME OF HUSBAND OR WIFE DIVORCED
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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 VA HOSPITAL RECORDS, JEFF BRSS, 23, MO.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC SUPPERATIVE PNEUMONITIS, POSSIBLE TUBERCULOSIS		Unknown
	ANTECEDENT CAUSES Morbid 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. CARCINOMA OF LIVER		Unknown	

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION 525X A	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 m.	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 12-29-53, 19 to 1-18-54, and that death occurred at 10:40P m., from the causes and on the date stated above.

23a. SIGNATURE J. T. KAMINSKAS, M.D.	23b. ADDRESS MET ADM HOSP, JEFF BRSS, MO.	23c. DATE SIGNED 1-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 54	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill	24d. LOCATION (City, town, or county) (State) Belleville, Ill
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DATE REC'D BY LOCAL REG 1/20/54	REGISTRAR'S SIGNATURE Heather B. Spang	25. FUNERAL DIRECTOR'S SIGNATURE GNERDNER	ADDRESS Belleville, Ill
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
4000

MAR 20 1957

FEB 18 1957

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 *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St Louis Mo*

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.