

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7427

State File No.

REG #116565

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 339

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

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

3. NAME OF DECEASED (Type or Print) HUGHIE	a. (First)	b. (Middle) J.	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) 2-7-54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 11-19-1894	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs.: Hours) (Min.) 59
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) RAMSEY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS WILLIAMS	13b. MOTHER'S MAIDEN NAME TILLIE HILL	14. NAME OF HUSBAND OR WIFE NONE
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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 BRKS, 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 PULMONARY EMBOLUS		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF LUNG DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 163X	20. AUTOPSY? YES <input 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)
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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?
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22. I hereby certify that I attended the deceased from **1-30-54**, 19**54**, to **2-7-54**, 19**54**, that I first saw the deceased ~~XXXXXX~~ and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Milton H. Stueggel MD.	23b. ADDRESS VAH JEFF BRKS, MO.	23c. DATE SIGNED 2-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-10-54	24c. NAME OF CEMETERY OR CREMATORY Ramsay	24d. LOCATION (City, town, or county) (State) Ramsay Ill.
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DATE REC'D BY LOCAL REG. 2-7-54	REGISTRAR'S SIGNATURE Herbert R. Dombi M.D.	25. FUNERAL DIRECTOR'S SIGNATURE William M. Stueggel	ADDRESS
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522 (Licensed Embalmer's Statement on Reverse Side)

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 _____

has not been embalmed. Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William Sturgeon*

Licensed Embalmer No. *4033 Illinois*

P. O. Address *Ramsey, Ill.*

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.