

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43466

State File No. _____

XC #
REG # 5222
SL # 3126

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11579**

1. PLACE OF DEATH a. 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) 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 9 DAYS		c. CITY OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 4429A OAKLAND				
3. NAME OF DECEASED (Type or Print) a. (First) TREAVER		b. (Middle) LILLARD		4. DATE OF DEATH (Month) (Day) (Year) 12-18-54		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 5-7-33	9. AGE (In years last birthday) 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMAN		10b. KIND OF BUSINESS OR INDUSTRY NAVY		11. BIRTHPLACE (City and State or Foreign Country) BARDWELL, KENTUCKY		
13a. FATHER'S NAME TREAVER BURGE		13b. MOTHER'S MAIDEN NAME MELODY TATAM		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES		16. SOCIAL SECURITY NO. KORAN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LYMPHOSARCOMA 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.				INTERVAL BETWEEN ONSET AND DEATH 9 MOS.
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) (m.) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2001		
22. I hereby certify that I attended the deceased from 12-9-54 , 19____, to 12-18-54 , 19____, and that death occurred at 10:45P m. , from the causes and on the date stated above.						
23a. SIGNATURE Donald L. Stoner DONALD L. STONER		23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 12/19/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-19-54		24c. NAME OF CEMETERY OR CREMATORY Local		
24d. LOCATION (City, town, or county) (State) Bardwell, Ky.		DATE REC'D BY LOCAL REG. DEC 20 1954				
REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

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

1956
MAY 1

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.