No. 300
10.48

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

XC-4 738.299
REG # 5967 SL-1235
FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2969

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0532

1. PLACE OF DEATH
a. COUNTY: O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand St.Louis,Mo.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PHELPS
c. CITY OR TOWN: ST JAMES
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): Soldier's & Sailor's Home 0810

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): M.
c. (Last): PRINE

4. DATE OF DEATH (Month) (Day) (Year): 1-16-55

5. SEX: MALE O
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 2-17-1892
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO. O
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Prine
13b. MOTHER'S MAIDEN NAME: Kathleen Balch
14. NAME OF HUSBAND OR WIFE: ____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 499 05 0534
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: VA HOSPITAL RECORD, ST. LOUIS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Carcinoma, left lung — INTERVAL BETWEEN ONSET AND DEATH: 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.

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
20. AUTOPSY? YES ☒ NO ☐

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.: ____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 163 X

22. *I hereby certify that I attended the deceased from* 1-15-55, 19____, *to* 1-16-55, 19____, *that* ~~I last saw the deceased alive on~~ *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. T. Kaminskas (Degree or title): M.D.
23b. ADDRESS: VA Hosp.,915 N.Grand,St.Louis,Mo.
23c. DATE SIGNED: 1/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify): removal Motor
24b. DATE: 1-19-55
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks,Mo.

DATE REC'D BY LOCAL REG.: JAN 19 1955
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Southern Funeral Home 6322 S. Grand Blvd.,St.Louis,Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Wyland

Licensed Embalmer No. 4512

P. O. Address 6322 So G

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.