S. No. 300
v. 10.48

XC-19 782 583
Reg. #16802
SL #10188

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24869

State File No. 6386

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N.GRAND,ST.LOUIS,MO.
c. LENGTH OF STAY (in this place): 29 days
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: Illinois
b. COUNTY: Saint Clair
c. CITY OR TOWN: E. St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1614 Gaty 8120 8

3. NAME OF DECEASED (Type or Print): a. (First) JOE b. (Middle) (BOWMAN) c. (Last) CAGE
4. DATE OF DEATH (Month) (Day) (Year): JULY 4, 1956
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/25/1900
9. AGE (In years last birthday): 55 IF UNDER 1 YEAR: Months 6 Days IF UNDER 24 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: H od Carrier
11. BIRTHPLACE (City and State or Foreign Country): Jonesboro, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Charlie Cage
13b. MOTHER'S MAIDEN NAME: Malissa, Neoma
14. NAME OF HUSBAND OR WIFE: Bernice Cage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 348-05-3385
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA Hosp. Records, St. Louis, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RENAL CELL CARCINOMA, METASTIC — INTERVAL BETWEEN ONSET AND DEATH: 5 MONTHS

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 180 X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/5, 19 56, *to* 7/4, 19 56, *and that death occurred at* 3:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Justus W. George (Degree or title) M.D.
23b. ADDRESS: VAH, St. Louis, Mo.
23c. DATE SIGNED: 7/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-9-1956
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG.: JUL 7 1956
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: O. J. Nash 1/1/24/3 Ob
(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..C. J. Mark.....

Licensed Embalmer No. 2K3

P. O. Address 3847 Pa

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