

XC 1621 18 33

STANDARD CERTIFICATE OF DEATH

15110

SL 12671 FILED APR 26 1957

STATE FILE NUMBER 3323

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N Grand St. Louis, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V. A. HOSPITAL</b>		Length of stay in lb <b>67 Days</b>		d. (STREET ADDRESS) <b>1012 R Shenandoah</b>	
3. NAME OF DECEASED (Type or print)		First <b>JOHN</b>		Middle <b>L.</b>	
		Last <b>OKEL</b>		4. DATE OF DEATH <b>4/5/57</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>10/22/86</b>		9. AGE (In years last birthday) <b>70 yrs</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Julius Okel</b>		14. MOTHER'S MAIDEN NAME <b>Mary Hebermehl (name unknown)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>498-09-7435</b>		17. INFORMANT <b>V.A. HOSPITAL RECORDS ST. LOUIS, MISSOURI</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE BRONCHOPNEUMONIA</b>		DUE TO (b) <b>CHRONIC LYMPHATIC LEUKEMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNK</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c) <b>-</b>		<b>UNK</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		<b>-</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>2040</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>NONE</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1/28/57</b> to <b>4/5/57</b> and last saw <del>xx</del> him alive on <b>4/5/57</b>		Death occurred at <b>8:14</b> <b>8</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title)		22b. ADDRESS <b>M.D. VA HOSPITAL ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>4/5/57</b>	
23a. BURIAL CEMETERY, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/8/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Jefferson Bks. Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Witt Bros. L &amp; U Co. 2929 S. Jefferson</b>		25. DATE RECD. BY LOCAL REG. <b>APR 6 '57</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>					

**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 *Halley J. Gaeller Jr*  
Licensed Embalmer No. 1950

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.