

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013431

FILED VS MAR 25 1960 5098595 SL 19066

Registration District No. Primary Registration District No. Registrar's No. 2 3025 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 53 DAYS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4361 WESTMINSTER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last LEWIS ROSCOE WOMBLE				4. DATE OF DEATH Month Day Year MARCH 11, 1960						
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-26-10		9. AGE (last birthday) 49		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) AMTTY, ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME LEWIS R. WOMBLE			13b. MOTHER'S MAIDEN NAME ROSE HALL			14. NAME OF HUSBAND OR WIFE MYRTLE A. WOMBLE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII			16. SOCIAL SECURITY NO. 489-05-9676		17. INFORMANT MYRTLE WOMBLE, 4361 WESTMINSTER				Address ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA AND ATELECTASIS, LEFT UPPER								INTERVAL BETWEEN ONSET AND DEATH - -		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF LEFT UPPER BRONCHUS WITH WIDE SPREAD METASTASES								53 DAYS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 162.1						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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. VA attended the deceased from 1-18-60 to 3-11-60 and last saw him alive on 3-11-60 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) James M. Fendler M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 3/12/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3/16/60		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		23d. LOCATION (City, town, or county) JEFF. BKS. MO.		(State)		
24. FUNERAL DIRECTOR EDWARD FENDLER 5611 SOUTH GRAND BLVD.				25. DATE RECD. BY LOCAL REG. MAR 15 1960		26. REGISTRAR'S SIGNATURE Joan Smith, M.D.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Humphrey

Licensed Embalmer No. 477

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.