

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1782** STATE FILE NUMBER **6708**

**FILED VS MAR 1 1961**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO.** Length of stay-in 1b **45 DAYS**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VET ADM HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **ST. CLAIR** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **ROUTE 1** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **VIRGIL** Middle **CARL** Last **MABERY** 4. DATE OF DEATH Month **FEBRUARY** Day **20** Year **1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8-20-25** 9. AGE (last birthday) **35**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SHEAR OPERATOR-METAL** 10b. KIND OF BUSINESS OR INDUSTRY **UNKNOWN** 11. BIRTHPLACE (City and state or country) **BONNE TERRE, MISSOURI** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **RALPH T. MABERY** 13b. MOTHER'S MAIDEN NAME **ELEMA GROAO** 14. NAME OF HUSBAND OR WIFE **ROXIE PEARL MABERY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** (If yes, give war or dates of service) **WWII**  
 16. SOCIAL SECURITY NO. **499-20-9938** 17. INFORMANT **ROXIE MABERY, 1310 MISSISSIPPI,** 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) **HODGKINS DISEASE** INTERVAL BETWEEN ONSET AND DEATH **3 YEARS**  
 DUE TO (b) **201x**  
 DUE TO (c) \_\_\_\_\_

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **1-6-61** to **2-20-61** and last saw him alive on **2-20-61**  
 Death occurred at **11:40 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Robert G. Kuehn* (Degree or title) **M.D.** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED **2-21-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **2/23/61** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo**

24. FUNERAL DIRECTOR **Edward Fendler 5611 So. Grand Blvd.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **FEB 23 1961** 26. REGISTRAR'S SIGNATURE *Earl Smith, M.D.*

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

MAR 20 1961

**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 Leo J. Budde  
Licensed Embalmer No. 3989

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.