

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7130

Reg #91 594

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY DIST. NO. 6076		Registrar's No. 811	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (If in this place) 4 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941			
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL				d. STREET ADDRESS (If rural, give location) N			
3. NAME OF DECEASED (Type or Print)		a. (First) STEVE		b. (Middle) JOSEPH		c. (Last) VARGO	
4. DATE OF DEATH		(Month) 2		(Day) 3		(Year) 51	
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0		8. DATE OF BIRTH 1-3-1894	
9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months		11. IF UNDER 1 YEAR Days		12. IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) BONNE TERRE, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MICHAEL VARGO		13b. MOTHER'S MAIDEN NAME BARBARA BELINSKI		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIO VASCULAR DISEASE 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) 3-3-51		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 1-31, 1951, to 2-3, 1951, that I took possession of the body, and that death occurred at 1:00A m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS VAH, JEFF. BRKS., MO.		23c. DATE SIGNED 2-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-3-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri	
DATE RECD BY LOCAL REG. 2/4/51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe 4700 Washington			

(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 embalmed ~~by me~~, or by ME

working under my personal supervision.

Student Embalmer No.

Signed

G. W. Wilkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis mo

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 this body is not embalmed, fact should be so stated above.