

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRATION DISTRICT NO. 200

Primary Registration District No. 200

Registrar's No. 2060

1. PLACE OF DEATH:
 (a) County Saint Louis
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Adm: 9-24-39
(Specify whether years, months or days)
 In this community Unknown

8. (a) PRINT FULL NAME Eddie SKILION 450
 8. (b) If veteran, name war World
 8. (c) Social Security No. -

4. Sex Male
 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Johnnie
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased Feb. 26, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>26</u>	hr. <u>-</u> min. <u>-</u>

9. Birthplace Walnut Lake, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Steel worker 9

11. Industry or business -

MOTHER FATHER
 12. Name Andrew Skillon
 13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Lulu Liza
 15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinical Skillon

(b) Address VAF, Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 11-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks Mo.

18. (a) Signature of funeral director Ellis Funeral Home
 (b) Address 2820 Stoddard St

19. (a) NOV 24 1939 (b) R. M. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County -
 (c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2719 Lucas Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
 year 1939 hour 6 minute 05 A. M.
 21. I hereby certify that I attended the deceased from November 22, 1939, to Sept. 24, 1939;
 that I last saw him alive on November 22, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic heart disease with aortic aneurism
 Duration Unkn.

Due to 34
 Due to 34

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations No operation
 Of autopsy No autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature C. W. HUGHES, Chief Med. Officer
(Specify type of place) (Means of injury)
 Address VAF, Jefferson Bks., Mo. Date signed 11-22-39

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 L. Baykins
Lonnie Baykins, Registered Apprentice No. myself
working under my personal supervision.

Signed Lonnie Baykins

Licensed Embalmer No. 2446

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, above space should be left blank.