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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42065

State File No. 0

Registration District No. 784 Primary Registration District No. 707 Registrar's No. 2698

1. PLACE OF DEATH:

(a) County: St. Louis County

(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. Dec. 10, 1942 (Specify whether years, months or days)
In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis Co. 96

(c) City or town: Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Ringer and Yaeger Roads, 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country: — 0

3. (a) PRINT FULL NAME: Charles O. Skaggs

3. (b) If veteran, name war: World War- 1918

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Nola Skaggs

6. (c) Age of husband or wife if alive: Decd. years

7. Birth date of deceased: October (Month) 16, (Day) 1886 (Year)

8. AGE: Years 56 Months 2 Days 2 If less than one day hr. min.

9. Birthplace: Fredericktown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER
12. Name: ~~Unknown~~ Monroe Skaggs
13. Birthplace: ~~Unknown~~ Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ~~Unknown~~ Marinda Wise
15. Birthplace: ~~Unknown~~ Mo (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schulz
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery, Jefferson Barracks,

18. (a) Signature of funeral director: Crowell Funeral Co.
(b) Address: 3710 S. Grand Blvd

19. (a) DEC 19 1942 (Date received local registrar) (b) C. H. McLean (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th, year 1942 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from December 10, 1942, to December 18, 1942; that I last saw him alive on December 18, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: SYPHILITIC HEART DISEASE, MYOCARDIAL DAMAGE, VALVULAR DAMAGE, MITRAL VALVE AND MYOCARDIAL INSUFFICIENCY. — Duration: Unknown

Due to: —

Other conditions: none.
(Include pregnancy within 3 months of death)

30 d

Major findings:
Of operations: —

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): no
(b) Date of occurrence:
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
Mo.
While at work? (Specify type of place) Means of injury:

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer. Date signed 12/18/42

707 (Licensed Embalmer's Statement on Reverse Side)

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, Registered Apprentice No., working under my personal supervision.

Signed: A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd

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.