S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3605

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2649

1. PLACE OF DEATH:

(a) County St. 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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 11/30/44 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94

(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL")

(d) Street No. 112 Twin Street 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME GERALD R. SKINNER

3. (b) If veteran, name war World-I

3. (c) Social Security No. Not remembered

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Louise Skinner

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 23, 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	3	11	hr. min.

9. Birthplace Bethany, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Manager

11. Industry or business Farming

FATHER
12. Name Edgar Skinner 1
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Dodd
15. Birthplace Bethany, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records, Vet. Adm. Fac.,
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Mo.

18. (a) Signature of funeral director Benham Und. Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) JAN 5 1945 (Date received local registrar) (b) E. G. McGavran (Registrar's signature) Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1945 hour 2:45 minute P.M.

21. I hereby certify that I attended the deceased from November 30, 1944 to January 4, 1945;
that I last saw him alive on January 4 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma, Pancreas, with Metastases to Abdomen and Liver	Unknown
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations Celiotomy & Exploratory, December 20, 1944
Of autopsy No autopsy 46g

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. GERMAN, M.D., Manager (M. D. or other)
Address VAF, Jefferson Brks., Mo. Date signed 1/4/45

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1945

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

Signed C. J. Caywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.