

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32606

State File No.

FILED OCT 6 1949

BIRTH NO. _____		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3012</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>St. Louis</u>				a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Barracks, Mo.</u>			c. LENGTH OF STAY (in this place) <u>44 days</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital, Jeff. Brks. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>2719a Lucas Avenue</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>W.</u>		c. (Last) <u>SMITH</u>		
4. DATE OF DEATH		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>September 15, 1895</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>			11. BIRTHPLACE (State or foreign country) <u>Dublin, Mississippi</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Si Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fletcher</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-I</u>		16. SOCIAL SECURITY NO. <u>429-07-6310</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u> ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>HYPERTENSIVE ENCEPHALOPATHY</u>				442X		
		ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE</u>						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Aug. 1, 1949</u> , to <u>Sept. 14, 1949</u> , that I last saw the deceased alive on <u>Sept. 14, 1949</u> , and that death occurred at <u>1:25 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L.E. Stilwell, M.D. Chf. Prof. Services</u> (Degree or title)				23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>		23c. DATE SIGNED <u>9/15/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-16-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Gates Funeral Home, St. Louis, Mo.</u>				

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

21-D

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 _____
Student Embalmer

Signed

John R. Cunningham

Licensed Embalmer No. _____

P. O. Address _____

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.