No. 300
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Reg. 100,123
FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11560

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 575

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (In this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKWOOD
d. STREET ADDRESS (If rural, give location): 810 FILLMORE ST.

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3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): A.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): 2/28/52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/24/75
9. AGE (In years last birthday): 76 yrs. If under 1 year: Months 9, Days 4. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DAYTON, OHIO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Madison Smith
13b. MOTHER'S MAIDEN NAME: Margaret Canter
14. NAME OF HUSBAND OR WIFE: Lulu E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: V. A. 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOPATHY — INTERVAL BETWEEN ONSET AND DEATH: 11 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) PYELONEPHRITIS, BILATERAL — 11 Days
DUE TO (c) PNEUMONIA — 11 Days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* GENERALIZED ARTERIOSCLEROSIS

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION: – – – – – – 6000
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): – V.A. m.
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* 2/17, 1952, *to* 2/28, 1952, ~~that I last saw the deceased alive on~~, *and that death occurred at* 9:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: V.A. HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 2/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-3-52
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood Mo.

DATE REC'D BY LOCAL REG.: 3-1-52
REGISTRAR'S SIGNATURE: Herbert R. Brooks MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Meyer-Pfitzinger Kirkwood 22 Mo.

(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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm H. Oertzenger

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.