

REG. #93543
FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 667

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.		c. LENGTH OF STAY (In this place) 318 days	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219	
d. STREET ADDRESS 2726 A MARKET		(If rural, give location) /	
3. NAME OF DECEASED a. (First) LIN (Type or Print)		b. (Middle) _____	
c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) MARCH 8, 1952	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/24/91
9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) CLINTON, KENTUCKY /	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME NEAL SMITH		13b. MOTHER'S MAIDEN NAME GEORGIA PARROT	
14. NAME OF HUSBAND OR WIFE MARIE SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS., MO.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA, RIGHT LUNG ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA TO LUNG TONSIL DUE TO (c) SQUAMOUS CELL CARCINOMA OF RIGHT II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - - - - - 145X	
19a. DATE OF OPERATION 4-27-51		19b. MAJOR FINDINGS OF OPERATION BIOPSY OF TONSIL AND SOFT PALATE, SQUAMOUS CELL CARCINOMA	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) VA m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/25, 1951, to 3/8, 1952, and that death occurred at 8:10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS VAH, JEFF BRKS., MO.	
23c. DATE SIGNED 3/9/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-14-52	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BRKS., MO.	
DATE REC'D BY LOCAL REG. 3-12-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD	
25. FUNERAL DIRECTOR'S SIGNATURE RUSSELL U. CO., 2732 PINE, ST. LOUIS, MO.		ADDRESS	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
--Student Embalmer

Signed

James A. Carter

Licensed Embalmer No. *4681*

P. O. Address *4973 Suburb*

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.