S. No. 300
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Reg. 105,791
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41169

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2756

4009

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 8 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): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 25 221 SOUTH BROADWAY

2259

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

4. DATE OF DEATH (Month) (Day) (Year): 10/23/52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 9/12/96
9. AGE (In years last birthday): 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): FREDERICKTOWN, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE SMITH
13b. MOTHER'S MAIDEN NAME: (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: (NONE)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: V. A. HOSPITAL RECORDS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	HYPERTENSIVE ENCEPHALOPATHY	6 wks.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	HYPERTENSIVE CARDIOVASCULAR DISEASE	Unk.
DUE TO (c)	ARTERIOLAR NEPHROSCLEROSIS	Unk.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	1. MULTIPLE ANEURYSMS OF THORACIC AND ABDOMINAL AORTA.	1. Unk. 2. Unk. 3 Unk.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 2. EPILEPSY, GRAND MAL. 3. CHRONIC ALCOHOLISM. 442X
20. AUTOPSY? YES [X] 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.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: — — — —

22. *I hereby certify that I attended the deceased from* 10/15, 1952, *to* 10/23, 1952, [illegible], *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James F. McFadden Jr. M.D.
23b. ADDRESS: V.A.HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: 10-27-52
REGISTRAR'S SIGNATURE: Herbert R. Domke - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLAUGHLIN F.H. 2301 LAFAYETTE

P.T.

(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 James P. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, 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.