

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20359

State File No.

XC
Reg. 110782
JUN 10 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1516

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>Macoupin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS. MO.</u>	c. LENGTH OF STAY (in this place) <u>11</u> Days	c. CITY OR TOWN <u>BUNKER HILL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>8120</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMERY</u>	b. (Middle) <u>M.</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5/30/53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>3/8/01</u>	9. AGE (In years last birthday) <u>52 yrs.</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School Janitor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bunker Hill, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE LYONS</u>	14. NAME OF HUSBAND OR WIFE <u>(NONE)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW-II</u>	16. SOCIAL SECURITY NO. <u>345010774</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL, JEFF BRKS, MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF ESOPHAGUS WITH FISTULA TO TRACHEA AND WIDESPREAD METASTASES</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PNEUMONIA</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>150X</u>	

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>V.A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/19, 1953, to 5/30, 1953, and that death occurred at 6:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Sewczyk</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>V.A. HOSPITAL JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>5-31-53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	24b. DATE <u>6-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Bunker Hill, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>6-1-53</u>	REGISTRAR'S SIGNATURE <u>H. R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert A. Neere</u> ADDRESS <u>4700 Washington Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

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.....
Signature of Student Embalmer

Signed..... *Fred J. Farmer*

Licensed Embalmer No. *4788*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.