

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29240

State File No. ....

XC 2758205

REG. 2137 SL 1856

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No. 7377

BIRTH NO. ....

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

## I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN 235 N Grand Blvd  
ST. Louis, Missouric. LENGTH OF STAY (in this place)  
33 DAYSd. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI

b. COUNTY SAINT FRANCOIS

c. CITY OR TOWN BISMARCK

d. Is Residence within limits of a city or incorporated town?  
Yes  No e. STREET ADDRESS (If rural, give location)  
STAR ROUTE3. NAME OF DECEASED  
(Type or Print)

a. (First)

AIDEN

b. (Middle)

E.

c. (Last)

SMITH

4. DATE OF DEATH (Month) (Day) (Year)  
8-6-54

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH 1-19-93

9. AGE (In years last birthday) 61  
IF UNDER 1 YEAR Months Days  
IF UNDER 6 HRS. Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CO. MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME

JOHN SMITH

13b. MOTHER'S MAIDEN NAME

MARTHA HARNES

14. NAME OF HUSBAND OR WIFE

GRACE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)  
YES

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
VA HOSPITAL RECORDS, ST. LOUIS, MO18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CARCINOMA OF STOMACH

INTERVAL BETWEEN ONSET AND DEATH  
3 MONTHS

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

POST-OPERATIVE TOTAL GASTRECTOMY

10 DAYS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

PERITONEAL ABSCESS DUE TO CARCINOMATOSIS OF ANASTOMOSIS (GASTROJEJUNAL) WITH PERFORATION

20. AUTOPSY?  
YES  NO 

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR

15X

22. I hereby certify that I attended the deceased from 7-4, 1954, to 8-6, 1954, that I last saw the deceased on 8-6-54, and that death occurred at 9:35P m., from the causes and on the date stated above.

23a. SIGNATURE G.O. Brown Jr. (Degree or title)

G.O. Brown Jr.

23b. ADDRESS

M.D. VAH, ST. LOUIS, MISSOURI

23c. DATE SIGNED

8-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

8-7-54

24c. NAME OF CEMETERY OR CREMATORY

Local

24d. LOCATION (City, town, or county) (State)

Ironton, Missouri.

DATE REC'D BY LOCAL REG. AUG 9 1954

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Albert H. Hoppe 4700 Washington.

ADDRESS

MAR 4 1956

AUG 18 1957

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 *John S. Senneby* .....

Licensed Embalmer No. *4194*

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.