No. 300
10.48

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Reg. 13701 FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7231

BIRTH NO. SL-5083 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1964

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.Grand, St.Louis, Mo.
c. LENGTH OF STAY (in this place) 38 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 826 CLARA AVENUE

205 70

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur
b. (Middle) S.
c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) 2-23-56

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-14-85
9. AGE (In years last birthday) 70 — 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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Realestate
11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Smith
13b. MOTHER'S MAIDEN NAME Mary McClanahan
14. NAME OF HUSBAND OR WIFE REVERDY [redacted] SMITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 304052957
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS VA Hosp.Records, 915 N.Grand, St.Louis, Mo.

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) RECURRENT CARCINOMA OF LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

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. 162x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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) VA 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* 1-16-56, *19*____, *to* 2-23-56, *19*____, [redacted], *and that death occurred at* 2:25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE DONALD G. [illegible] (Degree or title) M.D.
23b. ADDRESS VA Hospital 915 N.Grand, St.Louis, Mo.
23c. DATE SIGNED 2-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-27-1956
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG. FEB 24 1956
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd.

(Licensed Embalmer's Statement on Reverse Side)

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

Physician - state lung is primary site

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murr

Licensed Embalmer No. 401

P. O. Address SK Sou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.