

XC 788078 S114462

STANDARD CERTIFICATE OF DEATH

38165

FILED OCT 25 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 9726

STATE FILE NUMBER

S. 300
v. 1-56

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN E. St. Louis 812 ⁰ S	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET (If outside, give location) 32. ADDRESS 469A Collinsville Ave.	
Length of stay in lb 71 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John A. Skopp			4. DATE OF DEATH 10-16-57		
5. SEX male			6. COLOR OR RACE white		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			8. DATE OF BIRTH 10-22-88		
9. AGE (In years last birthday) 68			IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder			10b. KIND OF BUSINESS OR INDUSTRY Foundry		
11. BIRTHPLACE (City and state or country) Persia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Alexander Skopp			14. MOTHER'S MAIDEN NAME ? Rapiin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WWI			16. SOCIAL SECURITY NO. UNKNOWN		
17. INFORMANT VA HOSPITAL RECRODS, ST. LOUIS, MO.			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Squamous cell carcinoma floor of mouth		
DUE TO (c) * * - - - -		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - - - - -		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 143x	
20c. TIME OF INJURY* Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21a. I attended the deceased from 8-6-57 to 10-16-57 and last saw her him alive on 10-16-57	
Death occurred at 8:00 Pm on the date stated above; and to the best of my knowledge, from the causes stated.	
21b. SIGNATURE W. Phaelinger (Name or title)	21c. ADDRESS M.D. VAH, ST. LOUIS, MO.
21d. DATE SIGNED 10-16-57	21e. DATE SIGNED 10-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE OF BURIAL, CREMATION, OR REMOVAL 10-18-57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Bks Mo
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 So. Grand		25. DATE RECD. BY LOCAL REG. OCT 17 '57	26. REGISTRAR'S SIGNATURE Paul Smith MD

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harley F. Koelby*.....
Licensed Embalmer No. *495*

P. O. Address *St. Louis*.....

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.