

XC-1487 777
SL 13078 FILED MAR 19 1958 STANDARD CERTIFICATE OF DEATH

58-012323
STATE FILE NUMBER
2542

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2542

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) 35 HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 1110 MORRISON LANE	
3. NAME OF DECEASED (Type or print) First FRED Middle Last SMITH		4. DATE OF DEATH Month FEBRUARY Day 28 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/3/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BLOOMFIELD, MO.
13a. FATHER'S NAME TOM SMITH		13b. MOTHER'S MAIDEN NAME MARY WELLS	14. NAME OF HUSBAND OR WIFE WILLIA MAE SMITH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or as unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 491-16-3441	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA UNDETERMINED			INTERVAL BETWEEN ONSET AND DEATH UNK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE PYELO NEPHRITIS			UNK.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. VA attended the deceased from 2/17/58 to 2/28/58 and last saw him ^{her} alive on 2/28/58 Death occurred at 11:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE CHARLES COOKE M.D. (Degree or title)		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 3/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-4-58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR McLaughlin's ADDRESS 2301 Lafayette		25. DATE RECD. BY LOCAL REG. MAR 3 '58	26. REGISTRAR'S SIGNATURE <i>Paul Smith mo</i> <i>m JB.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *H. G. Farris*

Licensed Embalmer No. *1338*

P. O. Address *Albany*

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.