Health, Welfare Public Service

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XC-3339 421
sl 16029

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042279
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10259

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N.GRAND,ST.LOUIS, MO. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET.ADM. HOSPITAL — Length of stay in Hospital: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: OVERLAND 423X — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 10106 NIBLICK — Reside on Farm: Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print)
First: WILLIAM — Middle: A. — Last: SMITH

4. DATE OF DEATH Month: OCTOBER — Day: 25 — Year: 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: 8/24/05
9. AGE (In years last birthday): 53 — 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): CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): CLARKTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: SPENCER H. SMITH
13b. MOTHER'S MAIDEN NAME: ALICE PALMER
14. NAME OF HUSBAND OR WIFE: NORMA E. SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: 385-03-7331
17. INFORMANT Address: VA HOSP. RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY INSUFFICIENCY	UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	METASTATIC CARCINOMA	6 MONTHS
DUE TO (c)	ADENOCARCINOMA OF SIGMOID COLON	6 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 153.3

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] /

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] VA
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/23/58, to 10/25/58 and last saw him alive on 10/25/58
Death occurred at 2:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): OSCAR L AGUILAR Oscar L Aguilar M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 10/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/28/58
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG.: OCT 27 '58
26. REGISTRAR'S SIGNATURE: J Earl Smith M.D. G.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. M. Pester

Licensed Embalmer No. 3980

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.