

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004635

INDEXED

XC-4 274.176 R/A-1058
 Registration District No. 17
 FILED VS FEB 15 1960

Primary Registration District No. 500 Registrar's No. 337

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in lb 35 DAYS	c. CITY OR TOWN HAZELWOOD, MISSOURI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 542 VILLAGE SQ. DR. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARVIN Middle E. Last SMITH			4. DATE OF DEATH Month FEBRUARY Day 1 Year 1960		
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 12-8-17	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT MFG.	11. BIRTHPLACE (City and state or country) DWIGHT, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME MARVIN P. SMITH		13b. MOTHER'S MAIDEN NAME MARY LAYMAN		14. NAME OF HUSBAND OR WIFE HELEN M. SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 396-014574		17. INFORMANT HELEN M. SMITH, (WIFE) Address 542 Village Sq. Dr Hazelwood, 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) BRONCHOGENIC CARCINOMA			INTERVAL BETWEEN ONSET AND DEATH 14 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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. I attended the deceased from 2-28-59 to 2-1-60 . Death occurred at 8:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. Oppier</i> (Degree or title) W. OPIER, M.D., Director Professional Services, Vet Adm Hosp, Jeff Barr, Mo.		22b. ADDRESS	22c. DATE SIGNED 2-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-4-60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Lonedell, Mo.

24. FUNERAL DIRECTOR Kitchell Funeral Home, St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. 2-2-60	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

