

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1279

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 5/27/41
(Specify whether years, months or days)

In this community Since 5/27/41
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Melvin Earl Smith

3. (b) If veteran, name war PEACE TIME

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

19 11 3 hr. min.

9. Birthplace Kirkwood, Missouri U
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Sterling Smith

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Beulah Palmer

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) Burial (b) Date thereof 6-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Padgett Cem

18. (a) Signature of funeral director LOUIS H. BOFF, MORTICIAN

(b) Address 131 W. Argonne Dr., Kirkwood, Mo.

19. (a) JUN 19 1941 (b) TR May M D
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL") 4

(d) Street No. 221 South Taylor
(If rural, give location) 3

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 41 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from May 27, 1941 to June 18, 1941; that I last saw him alive on June 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease with cardiac enlargement, mitral and aortic valve damage and myocardial insufficiency.

Duration Unknown

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

Other conditions 920
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

23. Signature C. W. HUGHES, M.D. (M. D. or other) 0
Address Chief Medical Officer Date signed 6/19/41

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

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.....

working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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 this body is not embalmed, fact should be so stated above.