S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34902

FILED NOV 6 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2183

1. PLACE OF DEATH:

(a) County St. Louis County

(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 10/19/42. (Specify whether
In this community Since 10/19/42
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Alton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 State Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country - 2

3. (a) PRINT FULL NAME Frank J. Smith

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sophie

6. (c) Age of ~~husband or~~ wife if alive 72 years

7. Birth date of deceased January (Month) 6, (Day) 1876 (Year)

8. AGE: Years 66 | Months 9 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace Scranton, (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Steam fitter

11. Industry or business -

FATHER
12. Name Frank Smith
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Hannah (maiden name unknown)
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Alice Selvaggio
(b) Address Actg. Clinical Clerk, VAF, Jeff. Bk., Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Ill

18. (a) Signature of funeral director Albert H. Hopper Income
(b) Address 4700 Washington Blvd.

19. (a) OCT 21 1942 (Date received for registrar) (b) E. J. McGann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1942 hour 10:35 minute p. M.

21. I hereby certify that I attended the deceased from October 19, 1942, to October 20, 1942, that I last saw him alive on October 20, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY ARTERIO-SCLEROTIC HEART DISEASE WITH MYO-CARDIAL DAMAGE.	Unknown
~~Due to~~	
~~Due to~~	
Other conditions Arteriosclerosis, generalized. (Include pregnancy within 3 months of death)	~~Unknown~~

94a

Major findings:
Of operations none.
Of autopsy No autopsy.

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

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? (Specify type of place)

While at work Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address CHIEF MEDICAL OFFICER Date signed 10/21/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1942

DEC 2

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.....

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

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.