

FILED DEC 11 1952
XC-563 774
REG. # 106,132

STANDARD CERTIFICATE OF DEATH

State File No. **41168**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3022

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY OR TOWN **JEFFERSON BARRACKS, MO.**
 c. LENGTH OF STAY (in this place) **26 DAYS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MISSOURI**
 b. COUNTY _____
 c. CITY OR TOWN **CROWDER**
 d. STREET ADDRESS **GENERAL DELIVERY**

3. NAME OF DECEASED
 a. (First) **ELDEN**
 b. (Middle) **A.**
 c. (Last) **SMITH**

4. DATE OF DEATH (Month) (Day) (Year)
11-23-52

5. SEX **MALE**
6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
2-6-95

9. AGE (In years last birthday) **57 YRS**
 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)
STORE CLERK

10b. KIND OF BUSINESS OR INDUSTRY
Clerking

11. BIRTHPLACE (City and State or Foreign Country)
DECKER, INDIANA

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
WALTER SMITH

13b. MOTHER'S MAIDEN NAME
RACHEL CUNNINGHAM

14. NAME OF HUSBAND OR WIFE
MARY E. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW-I

16. SOCIAL SECURITY NO.
UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, JEFF BRKS, MO.**
ADDRESS _____

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **EMPHYEMA, RIGHT PLEURAL CAVITY**
ANTECEDENT CAUSES **RUPTURE OF ESOPHAGO-GASTRIC ANASTOMOSIS**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
5391

INTERVAL BETWEEN ONSET AND DEATH
10 DAYS
10 DAYS

19a. DATE OF OPERATION
11-13-52

19b. MAJOR FINDINGS OF OPERATION
ESOPHOGUS STRICTURE

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 10-28-52, 1952, to 11-23-52, 1952, and that death occurred at 5:08A m., from the causes and on the date stated above.

23a. SIGNATURE **MILTON H. LINCOFF** (Degree or title) **M.D.**

23b. ADDRESS **VET ADM HOSP, JEFF BRKS, MO.**

23c. DATE SIGNED **11-23-52**

24a. BURIAL, CREMATION, REMOVAL **Removal**

24b. DATE **11-24-52**

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State)
Sikeston, Mo.

DATE REC'D BY LOCAL REG. **11-24-52**

REGISTRAR'S SIGNATURE **Herbert R. Donaldson**

25. FUNERAL DIRECTOR'S SIGNATURE **Taylor F.H., Sikeston, Mo.**
ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

4000

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 _____
Student Embalmer

Signed

Ronald O. Yalmske

Licensed Embalmer No. *3917*

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