

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35165**
8410

FILED OCT 24 1955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		20690	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION V.A. H 915 N Grand				d. STREET ADDRESS (If rural, give location) 6 5029 Ridge Av.			
3. NAME OF DECEASED (Type or Print) a. (First) Mark		b. (Middle) O		c. (Last) Skaggs		4. DATE OF DEATH (Month) (Day) (Year) 9 24 55	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> Never Married		8. DATE OF BIRTH 4/22/1922	
9. AGE (in years last birthday) 33		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during the greater part of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Candy Business		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Deward Skaggs		13b. MOTHER'S MAIDEN NAME Ida Jones		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) U S unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Deward Skaggs 5029 Ridge Av.			
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, asphyxia, etc.* It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis; Intra Tracheal Anesthesia; Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) White undergoing Cholecystectomy at Veterans Hospital on September 24th 1955, about 7:50 pm.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Asp		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21f. HOW DID INJURY OCCUR? 586X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Sept 24 55 7:50 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Jensen (Degree of title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/28/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, MO.	
DATE REC'D BY LOCAL REG. SEP 26 1955		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Ferdel 5611 So Grand			

S. P. (Licensed Embalmer's Statement on Reverse Side)

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

May 0

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

Ben Hoffman

Licensed Embalmer No. *4366*

P. O. Address *St Louis, Mo*

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.