

XC-545298

REG. #118957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

32794

State File No. ....

FILED SEP 19 1956

Registrar's No. 1932

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>560</u>		Registrar's No. <u>1932</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>320 DAYS</u>		3. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>6956 LANSDOWNE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROCHEY (ROCKEY)</u>		b. (Middle) <u>JAMES</u>		c. (Last) <u>SKEETERS</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>11</u>		(Year) <u>56</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARKED <u>MARRIED</u>		8. DATE OF BIRTH <u>8-16-95</u>		9. AGE (In years last birthday) <u>60 YRS.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JACK, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SAMUEL W. SKEETERS</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE WELCH</u>		14. NAME OF HUSBAND OR WIFE <u>ALMA SKEETERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WW-1</u> <u>486-20-5922</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INFARCTION, LEFT CEREBRAL HEMISPHERE</u>				<u>UNKNOWN</u>	
		ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>THROMBOSIS, OLD</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>GENERALIZED ARTERIOSCLEROSIS.</u>				<u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that <u>VA</u> attended the deceased from <u>9-27</u> , 19 <u>55</u> , to <u>8-11</u> , 19 <u>65</u> , and that death occurred at <u>7:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles F. Nadler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>VAH, 915 N. GRAND, ST. LOUIS, MO.</u>		23c. DATE SIGNED <u>8-12-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus St. Louis St. Louis, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8-13-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Funeral Home</u>			

(Licensed Embalmer's Signature on Reverse Side) 0464 Chippewa St. Louis, Mo.

WRITE PLAINLY—USING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Linus C. Hoffmann*.....

Licensed Embalmer No. 3871

P. O. Address 78148 Br

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.