

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007654

STATE FILE NUMBER

2 861

XC-12839598  
SL-18480

REC'D FEB 24 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registration No. \_\_\_\_\_

300  
-57  
34  
7E

1. PLACE OF DEATH -a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>SAINT CLAIR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>EAST ST. LOUIS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>	Length of stay in 1b <b>53 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>1636 DIVISION STREET</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES A SMITH</b>			4. DATE OF DEATH Month Day Year <b>1-23-59</b>				
5. SEX <b>MALE 2</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-14-24</b>		9. AGE (In years last birthday) <b>34</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRY CLEANING</b>		11. BIRTHPLACE (City and state or country) <b>CLARKSVILLE TEXAS 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>EDDIE L SMITH</b>			13b. MOTHER'S MAIDEN NAME <b>ALLIE BAGBY</b>			14. NAME OF HUSBAND OR WIFE <b>VERPIE L SMITH</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <b>YES WW-2</b>		16. SOCIAL SECURITY NO. <b>462-30-6670</b>		17. INFORMANT Address <b>VA HOSP RECORDS, 915 N GRAND ST LOUIS MO.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE WITH BILATERAL HYDROTHORAX AND PULMONARY CONGESTION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>018.2</b> <b>TUBERCULOSIS PERICARDITIS AND HILAR LYMPHODENOPATHY</b> DUE TO (c) <b>UNKNOWN</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. Attended the deceased from **12-1-58** to **1-23-59** and last saw her on **1-23-59**  
Death occurred at **2:00 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>J. H. JOHNSON M.D.</b>	22b. ADDRESS <b>VAH ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>1-23-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 1/29/59 local</b>	23b. DATE <b>1/29/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Amirello, Texas</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>Marion's Office E. St. Louis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 26 59</b>	26. REGISTRAR'S SIGNATURE <b>J. Paul Smith, M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Frank Proko pf* .....

Licensed Embalmer No. *4356* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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