

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC- 1396 1425 Reg. #121392

=60-033424
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2410

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST. LOUIS		b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON BARRACKS		a. STATE MISSOURI		b. COUNTY MISSOURI	
c. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Length of stay in 1b 587 DAYS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 4030 ST. LOUIS AVENUE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First GEORGE		Middle L.		Last SMITH		Month Day Year 8-8-60	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-16	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR (retired)		10b. KIND OF BUSINESS OR INDUSTRY TAILORING		11. BIRTHPLACE (City and state or country) GUTHRIE, KENTUCKY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME PHILLIP SMITH		13b. MOTHER'S MAIDEN NAME WILLIE MYRTLE CLARK		14. NAME OF HUSBAND OR WIFE ORA M. SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address ORA M. SMITH, 4030 St. Louis, Ave., St. Louis MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) HEMOPERICARDIUM							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) TO RUPTURE OF DISECTING AORTIC ANEURYSM INTO PERICARDIAL SACK							
DUE TO (c) HYPERTENSION						3 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MULTIPLE CEREBRAL INFARCTIONS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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						
20d. INJURY OCCURRED WHILE AT WORK <input 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	
21. attended the deceased from 12-30-58 to 8-8-60 and		Death occurred at 3:23 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE DR. ANTHONY CERSKUS (Degree or title)				22b. ADDRESS M.D. VA Hosp. Jefferson Barracks, Mo.		22c. DATE SIGNED 8-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-12-60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.,			
24. FUNERAL DIRECTOR G. Wade Granberry		ADDRESS 4202 Finney Ave.,		25. DATE RECD. BY LOCAL REG. Aug 12 1960		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS SEP 10 1960

VS SEP 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave

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.

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