

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21698**

FILED JUN 27 1949

BIRTH NO. **38358-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5118**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>REICHMOND HEIGHTS</b>		91 128 5 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS MATERNITY HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>11-A - 1724 BONETA</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>None</b> b. (Middle) <b>None</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 13 49</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>JUNE 13 49</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>ROBERT ARNOLD SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>VICTORIA ISABELLE MARTIN</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, being unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert A. Smith 1724 Boneta Ave.</b>	
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) <b>Erythroblastosis Fetalis</b> ANTECEDENT CAUSES <b>Mother Rh Neg</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mother Rh Neg</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Congenital Atelectasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Congenital</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>161 7620</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 I attended the deceased from <b>JUNE 13, 1949</b> , to <b>JUNE 13, 1949</b> , that I last saw the deceased alive on <b>JUNE 13, 1949</b> , and that death occurred at <b>6:50 AM</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Carl R. Wegner M.D.</b>		23b. ADDRESS <b>630 S. Kingshighway</b>		23c. DATE SIGNED <b>6/13/49</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/13/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>6633 Clayton Rd.</b>			
DATE REC'D BY LOCAL REG. <b>JUN 13 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Sasser</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Walter R. ...</b>	

**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 \_\_\_\_\_

*Not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*[Handwritten Signature]*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *1994*

P. O. Address \_\_\_\_\_

**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.