

FILED JUL 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25304

318 1003

6384

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	
c. LENGTH OF STAY (in this place) 5 days		b. COUNTY St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS (If rural, give location) 7728 Delmar	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) Aaron			7/22/1949					
b. (Middle) Smith								
c. (Last) Smith								
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 23, 1896	9. AGE AT DEATH 52 5/8	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY Casket		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Joseph Smith	13b. MOTHER'S MAIDEN NAME Paulina (unknown)	14. NAME OF HUSBAND OR WIFE Ida Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jack Smith
		ADDRESS 2 Ladell Court, Olivette

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Myocardial infarction</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Onset 7/17/49 ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary artery thrombosis</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary artery arteriosclerosis</i>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None 940
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None 42-1

22. I hereby certify that I attended the deceased from 7-17, 1949, to 7-22, 1949, that I last saw the deceased alive on 7-22, 1949, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

22a. SIGNATURE John Hammond M.D.	(Degree or title)	22b. ADDRESS 634 N. Grand.	22c. DATE SIGNED 7/22/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/22/1949	24c. NAME OF CEMETERY OR CREMATORY Chapel Shel Enoch	24d. LOCATION (City, town, or county) (State) University City, Mo.
DATE REC'D BY LOCAL REG. JUL 22 1949	REGISTRAR'S SIGNATURE J. B. Basater	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson Ave.	

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

8
1

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.

Student
Student Embalmer

Signed *[Signature]*
Licensed Embalmer No. *4229*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 95-307-49

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6384

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
for Aron Smith ^{died} ~~born~~ 7-21-49, 19....., in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 8 should read December 25 - 1896
Unknown

Item No. 9 should read Age 51
48

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant Jack Smith Inf.
5931 Easton Relationship.
Present Address.

Subscribed and sworn to before me this 5 day of August, 1949

My Commission expires 7-4-53 Edna C. Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

