

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25305

State File No.

BIRTH NO. 84261-48 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6339

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place)
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 000
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d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital d. STREET ADDRESS (If rural, give location) W. W. - 1157 O'Hara 9

3. NAME OF DECEASED a. (First) Raye b. (Middle) Alice c. (Last) Smith 4. DATE OF DEATH (Month) (Day) (Year) July 21 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Dec. 17, 1948 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Days 4 Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Russell Smith 13b. MOTHER'S MAIDEN NAME Rose Wallace 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Russell Smith, 1157 O'Hara ADDRESS

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) Bronchopneumonia
ANTECEDENT CAUSES DUE TO (b) Chronic bronchitis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) cause undetermined
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 days
27 mo

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 128

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 5872

22. I hereby certify that I attended the deceased from July 9, 1949, to July 20, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 5:15 a.m. from the causes and on the date stated above.

23a. SIGNATURE J. W. Star White M.D. (Degree or title) 23b. ADDRESS 4500 Olive 23c. DATE SIGNED 7/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-21-49 24c. NAME OF CEMETERY OR CREMATORY Kirkland 24d. LOCATION (City, town, or county) (State) Sorento, Ill.

DATE REC'D BY LOCAL REG. 21 1949 REGISTRAR'S SIGNATURE J. B. Swater 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 ADDRESS Washington Blvd.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
I am a medical student - (autopsy only)

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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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Ray W. Wilkinson

Signed _____
Student Embalmer

Licensed Embalmer No. 35754

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