

35592

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 10 1949

STANDARD CERTIFICATE OF DEATH

State File No.

9371

BIRTH NO. 68901-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>		d. STREET ADDRESS <u>N. R.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victoria</u>		b. (Middle) <u>Jean</u>	
c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 21, 1949</u>
9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Burton W. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Robie D. See</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Burton W. Smith, Wellsville, Mo.</u>	
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) <u>Cardiac Stupor</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 da</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patent Foramen Ovale</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Enlarged Thyroid gland</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 da</u>	
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) <u>1011</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>254</u>		22. I hereby certify that I attended the deceased from <u>10.21</u> , 19 <u>49</u> , to <u>10.29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10.29</u> , 19 <u>49</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. J. [Signature]</u> (Degree or title)		23b. ADDRESS <u>2602 S. Grand St.</u>	
23c. DATE SIGNED <u>10.31.49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>10-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4700 Washington Blvd.</u>		ADDRESS <u>4700 Washington Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48

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

STATEMENT BY LICENSED EMBALMER

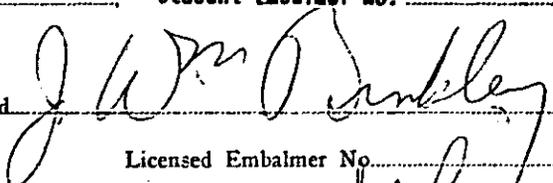
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. _____

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.