

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39821

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4387

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Affton, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Affton</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>9832 Chesterton Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9832 Chesterton Dr.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>96</u>	

3. NAME OF DECEASED a. (First) <u>Adeline</u> b. (Middle) <u>P.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12, 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 25, 1899</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>				11. BIRTHPLACE (State or foreign country) <u>Nashville, Tennessee</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Hampton</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Flippin</u>			14. NAME OF HUSBAND OR WIFE <u>Harry H. Smith</u>		
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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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Petty-Affton, Missouri</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, uterus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>none</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>none</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						<u>174X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 5, 1949, to Nov 12, 1949, that I last saw the deceased alive on Nov 11, 1949, and that death occurred at 4:25A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Melvin R. Wilichki M.D.</u> (Degree or title)		23b. ADDRESS <u>8301st Gravois</u>		23c. DATE SIGNED <u>11-12-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Normandy, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-12-49</u>		REGISTRAR'S SIGNATURE <u>Berbert R. Donkey M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morrell Brothers-4212 St. Louis Ave</u>		ADDRESS	
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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~~ *Me*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edward H. Remelius*

Licensed Embalmer No. *4283*

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.