

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3471

State File No. ....

00038

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. _____	
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 _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Affton, Mo.</u>		c. LENGTH OF STAY (In this place) <u>79</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) <u>Affton (Grantwood Village)</u>		d. STREET ADDRESS (If rural, give location) <u>2 Grantview Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Grantview Lane</u>				d. STREET ADDRESS <u>2 Grantview Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amy V. Smith</u>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 24, 1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John H. Finnegan</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Dench</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Smith Affton, Mo.</u>		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) <u>Coronary Sclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Cardio Renal Vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>1 day</u> <u>20 yrs</u> <u>20 yrs</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no</u> <u>442X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>49</u> , to <u>Jan 4, 1950</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>49</u> , and that death occurred at <u>1a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert S. Donbey, M.D.</u>				23b. ADDRESS <u>508 N Grand</u>		23c. DATE SIGNED <u>Jan. 6 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-7-50</u>		REGISTRAR'S SIGNATURE <u>Herbert S. Donbey, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*De Thym,  
Met Bldg  
J to 3*

**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

*David Van Tasson*

Licensed Embalmer No. 4242

P. O. Address 6332 So Grand

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.