

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15209

State File No. ....

Registrar's No. 920

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3043

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 town) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		462	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Wydown Terrace</u>		d. STREET ADDRESS (If rural, give location) <u>2 Wydown Terrace</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Ghiselin</u> c. (Last) <u>Smiley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1950</u>
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>July 25, 1859</u>
9. AGE (In years last birthday) <u>90</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>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Ghiselin</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Ellis</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles D. Smiley, Sr.</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 ADDRESS <u>Mr. Charles E. Caspari, Jr. 8021 So. Drive</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>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic changes of +</u> DUE TO (c) <u>Senile Changes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		422.1	
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) _____			
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 <u>Nov 15, 1949</u> , to <u>April 8, 1950</u> , that I last saw the deceased alive on <u>March 31, 1950</u> , and that death occurred at <u>9:30 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph Wavie, M.D.</u>		23b. ADDRESS <u>406 Trisco Bldg</u>	
23c. DATE SIGNED <u>4-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 10, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-50</u>		REGISTRAR'S SIGNATURE <u>Berbert R. Lupton</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lupton &amp; Sons</u>		ADDRESS <u>7233 Delmar Blvd.</u>	

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

4002

Dr. Joseph Davie  
1506 Hodlmont Ave.  
EV 1550

**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

*Clarence H. Murray*

Licensed Embalmer No. *4011*

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.