

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25294  
Registrar's No. 6572

#113542

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

6572

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		f. STREET ADDRESS 2348 S. Compton		g. (If rural, give location)		0		
3. NAME OF DECEASED (Type or Print) a. (First) HARRY			b. (Middle) C.		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) July 31st, 1950	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1, 1904		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Indep. Packing Co.		11. BIRTHPLACE (State or foreign country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J. F. Smith		13b. MOTHER'S MAIDEN NAME Ella Richards		14. NAME OF HUSBAND OR WIFE Amanda				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-07-0947		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amanda Smith--2348 S. Compton				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis					6 yrs	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b)						
		DUE TO (c)						
		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 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)				
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 345X				
22. I hereby certify that I attended the deceased from 7/26/50, 19, to 7/31/50, 19, that I last saw the deceased alive on 7/31/50, 19, and that death occurred at 5:03 PM, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wm. A. Bryan M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 8/2/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/4/50	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Bland, Missouri			
DATE REC'D BY LOCAL REG. AUG 2 1950		REGISTRAR'S SIGNATURE J. B. Pasator		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Weldete		ADDRESS 3634 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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

*Emb separate Cert filed*

AUG 2 1960

**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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

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.