

FILED JUL 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 5859

BIRTH NO. III686. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5859

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		a. STATE Missouri	
c. LENGTH OF STAY (In this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2279	
		d. STREET ADDRESS (If rural, give location) 1105 So. 18th Street	

3. NAME OF DECEASED (Type or Print) MARGARET	a. (First)	b. (Middle) M.	c. (Last) SMITH.	4. DATE OF DEATH (Month) (Day) (Year) JULY 5. 1950.
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH APR. 20-1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. COUNTRY OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas Yeager	13b. MOTHER'S MAIDEN NAME Alinda Collier	14. NAME OF HUSBAND OR WIFE HARRY
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME HARRY Smith	ADDRESS 1105 So. 18th St
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized atherosclerosis		
	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"/>
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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)
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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? H2TD
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22. I hereby certify that I attended the deceased from JUNE 23, 1950, to JULY 5, 1950, that I last saw the deceased alive on JULY 5, 1950, and that death occurred at 8:45 AM m., from the causes and on the date stated above.

23a. SIGNATURE Shelby M. [Signature]	(Degree or title)	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-7-50	24c. NAME OF CEMETERY OR CREMATORY WILDWOOD	24d. LOCATION (City, town, or county) (State) Williamsport, Pennsylvania
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DATE REC'D BY LOCAL REG. JUL 6 1950	REGISTRAR'S SIGNATURE J B [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home	ADDRESS 2301 Lafayette
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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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James R Chapman*
Licensed Embalmer No. *# 4557*

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.