

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003
318

State File No. 6667
Registrar's No. 1540

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 3949a Cleveland Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) Harry c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machine Shop	9. AGE (In years last birthday) 65
13a. FATHER'S NAME William E. Smith		13b. MOTHER'S MAIDEN NAME Caroline Eberle	14. NAME OF HUSBAND OR WIFE Daisy M. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-24-7096	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Smith 3949a Cleveland Ave.

18. DATE OF OPERATION 2/8/51		19b. MAJOR FINDINGS OF OPERATION As above: Resection of Jejunum done		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 152X	

22. I hereby certify that I attended the deceased from 1/13/51 to 2/14/51, 1951, that I last saw the deceased alive on 2/13/51, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter H. Hochman		23b. ADDRESS 3108 South Grand		23c. DATE SIGNED 2/15/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 17/51		24c. NAME OF CEMETERY OR CREMATORY Middlebrook Cem.	
24d. LOCATION (City, town, or county) Middlebrook, Mo.		24e. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. FEB 15 1951		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.	

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

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 Ronald D. Yahnske

Licensed Embalmer No. 3917

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.