

STANDARD CERTIFICATE OF DEATH

State File No. **6670**
Registrar's No. **1229**

FILED FEB 16 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Town St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		f. STREET ADDRESS (If rural, give location) 4806 Bessie Ave.	

3. NAME OF DECEASED (Type or Print) FLOYD		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Feb 4 '57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 1	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Edward Smith		13b. MOTHER'S MAIDEN NAME Elizabeth Smith	

14. NAME OF HUSBAND OR WIFE Lucille Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lucille Smith		ADDRESS 4806 Bessie Ave			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spastic Coronary Occlusion		ANTECEDENT CAUSES		2 hrs 30 min	
* This does not mean the mode of dying, such as heart failure, asphyxia, 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.		Arteriosclerosis, C.V. Disease, Uremia	
DUE TO (b) Advancing Age		DUE TO (c) P.O. Abdominal Adhesions & Decubal Ulc		1 yr +	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Extensive Upper Abdominal Adhesions	

19a. DATE OF OPERATION 20 Jan 51		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5 ft 10	

22. I hereby certify that I attended the deceased from **30 Nov 1951**, to **Feb 4, 1957**, that I last saw the deceased alive on **Feb 3, 1951**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Ernest Jensen M.D.		23b. ADDRESS Missouri Bldg St Louis		23c. DATE SIGNED 6 Feb 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Quinn		ADDRESS 1359 Union Bl	

DATE REC'D BY LOCAL REG. FEB 7 1951		REGISTRAR'S SIGNATURE J. B. Lucatero	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

124019

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 Ronald Yehake

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.