

FILED JUN 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18621
Registrar's No. 4976

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 18621		Registrar's No. 4976			
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) OR TOWN Saint Louis				a. STATE Missouri		b. COUNTY St Louis					
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2059							
d. FULL NAME OF HOSPITAL OR INSTITUTION 6226 Southwood Ave				4. STREET ADDRESS (If rural, give location) 6226 Southwood							
3. NAME OF DECEASED (Type or Print) Stephen			a. (First)			b. (Middle) Arthur			c. (Last) Smith		
4. DATE OF DEATH May 26 1951			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 2/22/1873			9. AGE (In years last birthday) 78 Months 3 Day 4		
5. SEX M			6. COLOR OR RACE W			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Insurance Broker		
11. BIRTHPLACE (State or foreign country) Michigan				12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Stephen A. Smith			
13b. MOTHER'S MAIDEN NAME ?				14. NAME OF HUSBAND OR WIFE Anne M. Cohan Smith				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. No				17. INFORMANT'S SIGNATURE OR NAME Mrs Anne M. Smith				ADDRESS 6226 Soythwood, StL			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhages ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Benile Changes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arterio-sclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 6 hours 5 1/2 h. 5 1/2 h.	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION none				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) (Minute)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR H2O								
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>5/26/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/26/51</u> , 19 <u>51</u> , and that death occurred at <u>1:30A.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE Joseph Navie, M.D.						23b. ADDRESS 906 Olive St.			23c. DATE SIGNED 5/27/51		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/28/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory			24d. LOCATION (City, town, or county) (State) St Louis County, Mo.				
DATE REC'D BY LOCAL REG. MAY 29 1951			REGISTRAR'S SIGNATURE J. B. Lantier			25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster Inc.			ADDRESS St Louis		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard O'Johnke

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.