

FILED AUG 7 1951

1003 State File No. 25314  
5978

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|   |                           |   |  |   |   |
|---|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. b. COUNTY |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis                     |                           | c. LENGTH OF STAY (in this place)                                 | c. CITY (If outside corporate limits, write RURAL and give township)<br>3 TOWN Jennings 4138                     |   | d. STREET ADDRESS (If rural, give location)<br>5450 Helen Ave |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. John's Hosp  |                           |   | d. STREET ADDRESS  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Rose D. b. (Middle) c. (Last) Smith                 |                           |   | 4. DATE OF DEATH (Month) (Day) (Year)<br>7-3-51  |   |   |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>7-15-1897  | 9. AGE (In years last birthday)<br>53                         | 10. MONTHS<br>11. DAYS<br>12. HOURS<br>13. MIN.               |
| 10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired)<br>Housewife |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                 |  | 11. BIRTHPLACE (State or foreign country)<br>Waltonville, Ill | 12. CITIZEN OF WHAT COUNTRY?<br>USA                           |
| 13a. FATHER'S NAME<br>Frank Pero  |                           | 13b. MOTHER'S MAIDEN NAME<br>Anna Jarczyewski                     |  | 14. NAME OF HUSBAND OR WIFE<br>George E. Smith                |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)                                     |                           | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>George E. Smith 5450 Helen Ave.                                     |   |   |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver.                                     |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 months |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.     |  |  |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19a. DATE OF OPERATION<br>July 2, 1951          | 19b. MAJOR FINDINGS OF OPERATION<br>Hepatomegaly   |   |  | 20. AUTOPSY?<br>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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br>155X              |  |   |  |

22. I hereby certify that I attended the deceased from June 23, 1951, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

|   |                                       |  |  |  |                                  |
|---|---------------------------------------|--|--|--|----------------------------------|
| 23a. SIGNATURE<br>L. J. Muehligen, M.D.             |                                       | (Degree or title)                                      | 23b. ADDRESS<br>634 N. Grand   |  | 23c. DATE SIGNED<br>July 3, 1951 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>7-7-51                   | 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Mo. |                                  |
| DATE REC'D BY LOCAL REG.<br>JUL 5 1951              | REGISTRAR'S SIGNATURE<br>J. B. Lanter |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>New Central Funeral Home 5241 Kildeeview Blvd. |  |                                  |

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

Permanently file

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.