

FILED DEC 8-1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39749

State File No. ....

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10722**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>YEARS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5944 CABANNE PLACE</b>		d. STREET ADDRESS (If rural, give location) <b>5944 CABANNE PLACE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LIVING</b>		b. (Middle)		c. (Last) <b>S. SMITH.</b>			
4. DATE OF DEATH <b>DEC. 2, 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify)		8. DATE OF BIRTH <b>OCTOBER 25 1884</b>		9. AGE (In years last birthday) <b>67</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CREDIT MNG. ASS'T TRES.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MILL WORK</b>		11. BIRTHPLACE (State or foreign country) <b>WASHINGTON, MINN.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>CHRISTOPHER SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HALL</b>			
14. NAME OF HUSBAND OR WIFE <b>SELMA SCHROER SMITH</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>MRS SELMA SCHROER SMITH</b>		ADDRESS <b>5944 CABANNE PL.</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> <b>Coronary Sclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <b>4201</b>		22. I hereby certify that I attended the deceased from <b>May 1, 1951</b> , to <b>Dec. 2, 1951</b> , that I last saw the deceased alive on <b>Nov. 30, 1951</b> , and that death occurred at <b>7:30 a. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. B. Johnson M.D.</b>		23b. ADDRESS <b>539 N. Grand Bl. St. Louis 2, Mo.</b>		23c. DATE SIGNED <b>12/3/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 4 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEMETERY</b>			
24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD, MISSOURI.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>					
DATE REC'D BY LOCAL REG. <b>DEC 3 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			

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.....  
Student Embalmer

Signed Melvin F. Kemper.....

Licensed Embalmer No. 4452.....

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.