

FILED DEC 8 - 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **40307**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3863**

1. PLACE OF DEATH a. COUNTY <b>St. Louis 4000</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Grover</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Grover</b>	
c. LENGTH OF STAY (In this place) <b>24 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Highway 50</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 50</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) _____ c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 11, 1885</b>	9. AGE (In years last birthday) <b>65</b>	10. MONTHS _____	11. DAYS _____	12. IF UNDER 1 YEAR _____	13. IF UNDER 24 HOURS _____	14. IF UNDER 6 MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Navy Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Navy</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Jacob Schmidt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Bayers</b>		14. NAME OF HUSBAND OR WIFE <b>Mae Lucille Smith</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. 1 &amp; 2</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mae L. Smith, Glencoe, Mo. R#1</b>		ADDRESS <b>Glencoe, Mo. R#1</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Chronic myocarditis</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from **April 11, 1951** to **Nov. 28, 1951**, that I last saw the deceased alive on **Nov. 28, 1951**, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Henry F. Scott M.D.</b>		23b. ADDRESS <b>Ballwin Mo</b>		23c. DATE SIGNED <b>Nov. 30-1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/1/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pond, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>11-30-51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Somber</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Fun'l Home, Ballwin, Mo.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1952

APR 30 1952

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 Bopp*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4584

P. O. Address Bellwin, 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.