

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

43341

State File No. 11456
Registrar's No. 11456

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11456		Registrar's No. 11456			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>2249</u>							
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Missouri</u>			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St Louis</u> _____						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>				9. STREET ADDRESS (If rural, give location) <u>2128 Stansbury</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>			b. (Middle) _____		c. (Last) <u>SMUKALA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 25, 1951</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>Dec 24 1913</u>		9. AGE (In years last birthday) <u>38</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insulator</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Leo Smukala</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Gihala</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>488-09-3884</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Leo Smukala 2128 Stansbury</u>							
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) <u>Pulmonary Tuberculosis</u> 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 _____ _____ _____	
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) _____		21f. HOW DID INJURY OCCUR? <u>DO 2X</u>					
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"/>		22. I hereby certify that I attended the deceased from <u>12-22-51</u> , 19 <u> </u> , to <u>12-25-51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-25-51</u> , 19 <u> </u> , and that death occurred at <u>12:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ewald L. Smith M.D.</u>				23b. ADDRESS <u>1515 Lafayette A. enue</u>		23c. DATE SIGNED <u>12-26-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co.</u>					
DATE REC'D BY LOCAL REG. <u>DEC 26 1951</u>		REGISTRAR'S SIGNATURE <u>E. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Central F. H. 1841 Cass ave</u>							

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 *Elton R. Remelius*.....

Licensed Embalmer No. *4283*.....

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.