

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3346

FILED JAN 26 1952

State File No.

318

0117

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>26</u>	c. CITY OR TOWN <u>St. Louis 2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1207 Tyler St</u>		d. STREET ADDRESS (If rural, give location) <u>1207 Tyler St</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Smith</u>	(Month) <u>1</u>	(Day) <u>5</u>	(Year) <u>52</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 31-1895</u>		9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tucker Drayage Co</u>	11. BIRTHPLACE (State or foreign country) <u>Mo St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>

13a. FATHER'S NAME <u>Fred Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Kizzetta Koenig</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennie Smith 1207 Tyler St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Etology unknown</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis chronic</u>		4 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H222</u>

22. I hereby certify that I attended the deceased from July 1947 to Jan 5, 1952 that I last saw the deceased alive on Jan. 3, 1952 and that death occurred at 8:35 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. Peltier M.D.</u>	23b. ADDRESS <u>2505 No. Ploussaint</u>	23c. DATE SIGNED <u>1-5-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner U. Co 2223 St. Louis Ave.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1952</u>	REGISTRAR'S SIGNATURE <u>Earl Smith</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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John P. Bushholz

Licensed Embalmer No. 1674

P. O. Address 2233 S. Pacific St.

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.