

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10601**
Registrar's No. **2168**

FILED MAR 24 1952

REG. DIST. NO. **318**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY Hospital		d. STREET ADDRESS (If rural, give location) 16 3509 Osage	
3. NAME OF DECEASED (Type or Print) HARRY A SMITH a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3-6-52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH APRIL 17 1899
9. AGE (In years last birthday) 42		10. MONTHS 10	11. DAYS 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Gallion Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Le Roy B Smith	
13b. MOTHER'S MAIDEN NAME Elizabeth Mackay		14. NAME OF HUSBAND OR WIFE HATHA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS DR. H.C. Knapp E. St Louis 11
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lo left hip; Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) when he fell in his home DUE TO (c) Mar 4, 1952 about 800am II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 000	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 4 52 8:00 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9030-20		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 12:50 pm , from the causes and on the date stated above.	
23a. SIGNATURE Joseph M. ...		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3/7/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-7-52		24c. NAME OF CEMETERY OR CREMATORY Veran Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W.A. McLaughlin Funeral Home	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 7 1952		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W.A. McLaughlin Funeral Home	

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 R. B. Casper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette 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.