

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10603**
1955

DECEASED **MAR 24 1952**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, MO	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 23 2127 S. 7th ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIS	b. (Middle) F.	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) FEB. 29 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 13 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY CITY HOSPITAL	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DANIEL SMITH	13b. MOTHER'S MAIDEN NAME FANNIE BELMAR	14. NAME OF HUSBAND OR WIFE MINNIE SMITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MINNIE SMITH	ADDRESS 2127 S. 7th
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 mo	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis			unknown
	DUE TO (c)			
11. 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	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)
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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? H201
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22. I hereby certify that I attended the deceased from **12-1**, 19**51**, to **2-29**, 19**52**, that I last saw the deceased alive on **2-22**, 19**52**, and that death occurred at **9:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. R. Gunn M.D. (Degree or title)	23b. ADDRESS 22378 Broadway St. 2nd mo	23c. DATE SIGNED 2-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAR. 3 1952	24c. NAME OF CEMETERY OR CREMATORY BEULAH CEM.	24d. LOCATION (City, town, or county) (State) BRUNOT MO.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 3 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Morris
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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: *James E. Hill*

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2916 Davis*

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.