

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **11151**

BIRTH NO. **0005** **APR 11 1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **900**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Indiana</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Evansville, Ind.</b> <b>8130</b>	
c. LENGTH OF STAY (In this place) <b>5 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1225 S.E. Riverside</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Georgianna Smith</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 3, 1952</b>		
a. (First)		b. (Middle)		c. (Last)	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>March 25, 1887</b>	<b>9. AGE</b> (In years last birthday) <b>65</b>	<b>10. IF UNDER 1 YEAR</b> Months Days <b>65</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Owensville, Missouri</b>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>James L. Smith</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Nicks</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Single</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>None</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. James Smith, 1225 S.E. Riverside</b>	
				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 wk</b>  <b>unknown</b>  <b>20 years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular disease</b> DUE TO (c) <b>Hypertension</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4.4.3 X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from March 17, 1952 to April 3, 1952, that I last saw the deceased alive on Apr 3, 1952, and that death occurred at 12:45 P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Lewis Littmann MD</b> (Degree or title)	<b>23b. ADDRESS</b> <b>8231 Clayton Rd (17)</b>	<b>23c. DATE SIGNED</b> <b>4/4/52</b>
<b>24a. BURIAL, CREMATION REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>4-7-1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Matthews Cemetery</b>
		<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>4-4-52</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Donke MD</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Math Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>
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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 *Homer H. Truity*.....

Licensed Embalmer No. *3882*.....

P. O. Address *St. Louis*.....

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.