No. 300
10.48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11563

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frontenac
c. LENGTH OF STAY (In this place): 64 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): # 13 Clayton Terrace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frontenac
d. STREET ADDRESS (If rural, give location): # 13 Clayton Terrace

42 4420 0

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1952

5. SEX: M. 0

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 29, 1874

9. AGE (In years last birthday): 77 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Goverment Service

11. BIRTHPLACE (State or foreign country): England 4

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Smith

13b. MOTHER'S MAIDEN NAME: Isabella Lard

14. NAME OF HUSBAND OR WIFE: Ellen M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Nellie M. Smith # 13 Clayton Ter

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Infarction myocardium — Interval between onset and death: Minuts

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis, generalized — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma Prostate — 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 42014

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* Feb 8, 1952, *that I last saw the deceased alive on* Dec 26, 1951, *and that death occurred at* 10:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond Williams

23b. ADDRESS: 114 W Taylor St Louis Mo

23c. DATE SIGNED: Feb 9 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 11, 1952

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 2-9-52

REGISTRAR'S SIGNATURE: Herbert R Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Roy D. Williams
114 No Taylor Ave
11-12

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~~ me

IWN

Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm S. Salter

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.