

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14799

State File No. ....

FILED APR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3086**

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** **2219**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital**

d. STREET ADDRESS (If rural, give location) **21 7125 Franklin Avenue**

3. NAME OF DECEASED  
a. (First) **Dora** b. (Middle) \_\_\_\_\_ c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year)  
**March 29 52**

5. SEX **Female**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**widowed**

8. DATE OF BIRTH **Dec. 25, 1894**

9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min.  
**57 3 4**

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

10b. KIND OF BUSINESS OR INDUSTRY  
**same**

11. BIRTHPLACE (State or foreign country)  
**Moscow, Kentucky**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13a. FATHER'S NAME  
**Unknown**

13b. MOTHER'S MAIDEN NAME  
**Abigail (?)**

14. NAME OF HUSBAND OR WIFE  
**John Smith**

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

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Kathrine Smith, 3125a Franklin**

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

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of Cervix**  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Undetermined**  
  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**None**

INTERVAL BETWEEN ONSET AND DEATH  
**Undet.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR  
**171X**

22. I hereby certify that I attended the deceased from **12-13**, 19 **51**, to **3-29**, 19 **52**, that I last saw the deceased alive on **3-29**, 19 **52**, and that death occurred at **8:30a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**Clarence M. Juruen, M. D.**

23b. ADDRESS  
**2601 N Whittier St.**

23c. DATE SIGNED  
**3-31-52**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE  
**4/5/52**

24c. NAME OF CEMETERY OR CREMATORY  
**Washington Park Cemetery**

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

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
**APR 2 1952** **Carl Smith**

25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**GATES FUNERAL HOME**  
**Charles J. Gates, 4107 Finney Ave.**

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

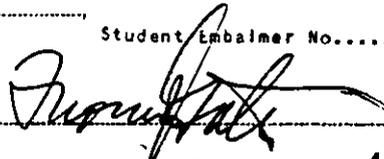
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_



Signed.....  
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.