

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14800

State File No.

FILED MAY 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3796

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>5355 Vernon</u> | |

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|--|-------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> | b. (Middle) | c. (Last) <u>Smith</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-52</u> |
|--|-------------|------------------------|---|

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|----------------------|-------------------------------|---|--|---|------------------------|----------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>March 27, 1878</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|--|---|------------------------|----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Steeleville, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Robert B. Trask</u> | 13b. MOTHER'S MAIDEN NAME <u>Nellie Benson</u> | 14. NAME OF HUSBAND OR WIFE <u>Justin Smith</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Hoffman</u> | ADDRESS <u>2159 McCausland</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction.</u> | | <u>Several months</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Constriction in region of rectum - Etiology?</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Failure.</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>Suicide</u> HOMICIDE | 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) (m.) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>578X</u> |
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22. I hereby certify that I attended the deceased from 4-20-52, 1952, to 4-21-52, 1952, that I last saw the deceased alive on 4-21-52, 1952, and that death occurred at 12:04 A. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R. H. Hellmann</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1325S. Grand, St. Louis 4, Mo.</u> | 23c. DATE SIGNED <u>4/22/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>4-21-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lea</u> | 24d. LOCATION (City, town, or county) (State) <u>Leasburg, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>APR 22 1952</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | ADDRESS <u>4700 Washington Blvd.</u> |
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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edmond H. Pennington

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.