No. 300
10.48

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

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14803

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3776

1. PLACE OF DEATH
a. COUNTY Sxxxxlouisx
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Freeburg 8120
d. STREET ADDRESS (If rural, give location) ------ 8

3. NAME OF DECEASED (Type or Print)
a. (First) Lee
b. (Middle) R.
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Apr 21, 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 22, 1890
9. AGE (In years last birthday) 61 — 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) rural mail carrier
10b. KIND OF BUSINESS OR INDUSTRY Post Office Work
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J.P.Smith
13b. MOTHER'S MAIDEN NAME Ruth Cheaney
14. NAME OF HUSBAND OR WIFE ELVA HILL SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW#1
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Donald Smith **ADDRESS** Freeburg Ill

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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES

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

DUE TO (b) Carcinoma of Sigmoid

DUE TO (c) Chon. Splenic Flexure.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/17/52
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid Splenic Flexure
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? 153X

22. *I hereby certify that I attended the deceased from* March, 197, *to* March 21, 1952, *that I last saw the deceased alive on* March 20, 1952, *and that death occurred at* 8 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE A. L. Kastel **(Degree or title)** MD
23b. ADDRESS 3606 Gravois
23c. DATE SIGNED 4/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 4-22-52
24c. NAME OF CEMETERY OR CREMATORY VALHALLA
24d. LOCATION (City, town, or county) BELLEVILLE (State) ILLINOIS

DATE REC'D BY LOCAL REG. APR 22 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Renner Funeral Home **ADDRESS** Freeburg Ill

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Geo Renner

Licensed Embalmer No. 2414

P. O. Address Belleville Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.