

No. 500
10-68

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15051

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1087

4003

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>3 Years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>645 E. Jefferson Ave.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
		f. STREET ADDRESS (If rural, give location) <u>645 E. Jefferson Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNARDINE</u> b. (Middle) <u>M.</u> c. (Last) <u>SMYTHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1952</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>Married</u>	8. DATE OF BIRTH <u>March 28, 1904</u>	9. AGE (In years last birthday) <u>48</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. 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 <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Sands</u>	13b. MOTHER'S MAIDEN NAME <u>Della Wigginton</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvester Smythe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvester Smythe</u>	ADDRESS <u>645 E. Jefferson Av</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u>		DUE TO (b) <u>Hypertensive Cardiovascular disease</u>		<u>Hours</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1948, to April 23, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 12:30 P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David A. Myrsk M.D.</u>	23b. ADDRESS <u>33 W. Myraux Clayton Mo.</u>	23c. DATE SIGNED <u>4-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORIA <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-24-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway E1</u>
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SW (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin A. M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address _____

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.