

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40732

FILED DEC 12 1952

318

1003

State File No. _____

Registrar's No. 10765

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10765			
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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 221 1/2					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3426 Lawton Ave				d. STREET ADDRESS (If rural, give location) 21 3426 Lawton Avenue							
3. NAME OF DECEASED (Type or Print) Estella (Stella)			a. (First)			b. (Middle) Smith			c. (Last)		
4. DATE OF DEATH Nov 18 1952			5. SEX Female 3			6. COLOR OR RACE Col			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow 2		
8. DATE OF BIRTH Aug 7 1894			9. AGE (In years last birthday) 58			IF UNDER 1 YEAR Months 3			IF UNDER 24 HRS. Days 11		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework				10b. KIND OF BUSINESS OR INDUSTRY -				11. BIRTHPLACE (State or foreign country) High Hill Mo D		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jack Taylor			13b. MOTHER'S MAIDEN NAME Lucy Morris			14. NAME OF HUSBAND OR WIFE -					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. -			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Galloway 4550 Garfield Ave					
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) Hypertensive Heart Disease 2 1/2 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 443X						22. I hereby certify that I attended the deceased from 9/4/52 to 11/18, 1952 that I last saw the deceased alive on 11/18, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.		
23a. SIGNATURE R. Payne M.D.			(Degree or title)			23b. ADDRESS 314 Schaefer			23c. DATE SIGNED 11/19/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____			24b. DATE Nov 24 1952			24c. NAME OF CEMETERY OR CREMATORY National			24d. LOCATION (City, town, or county) (State) St. Louis, Co, Mo		
DATE REC'D BY LOCAL REG. NOV 22 1952			REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son 3133 Bell Ave			ADDRESS		

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

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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

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *276 Howard*

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.