

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43829**  
Registrar's No. **11310**

FILED JAN 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Vigo</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Terre Haute</u>		8130
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>2304 North 29th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Armeta</u>		b. (Middle) <u>Mae</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 6 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>Dec.-9-1925</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Lester Stringfield</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Davis</u>		14. NAME OF HUSBAND OR WIFE <u>James Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Smith Terre Haute Ind.</u>			
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) <u>Tuberculous meningitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Miliary tuberculosis</u>			<u>4 months</u>		
DUE TO (c) _____			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 checked="" type="checkbox"/> NO <input 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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>010X</u>				
22. I hereby certify that I attended the deceased from <u>11/30</u> , 19 <u>52</u> , to <u>12/6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/6</u> , 19 <u>52</u> , and that death occurred at <u>2:50P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>FR Bralley</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>12/7/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>12-8 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Terre Haute Ind</u>		
DATE REC'D BY LOCAL REG. <u>DEC 8 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.H. Hoppe 4704 Washington Ave.</u>		

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 J. W. B. Embler  
Licensed Embalmer No. 3653  
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.