

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43830**
Registrar's No. **11344**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary | | d. STREET ADDRESS (If rural, give location) 3977 McPherson | |

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|-------------------------------------|--------------------------|-------------|------------------------|---------------------------------------|------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) GOLDIE | b. (Middle) | c. (Last) SMITH | 4. DATE OF DEATH (Month) (Day) (Year) | 12 7 1952 |
|-------------------------------------|--------------------------|-------------|------------------------|---------------------------------------|------------------|

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|----------------------|-------------------------------|---|--|---|-------------------------------------|------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH March 21, 1906 | 9. AGE (In years last birthday) 46 | 10. IF UNDER 1 YEAR (Months) (Days) | 11. IF UNDER 1 HOUR (Hours) (Min.) |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Entertainer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Paducah, Ky. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Lewis Smith | 13b. MOTHER'S MAIDEN NAME Mattie Dixon | 14. NAME OF HUSBAND OR WIFE None |
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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) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME City Infirmary | ADDRESS 5800 Arsenal St. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis | | years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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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| | | |
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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? 4200 |
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22. I hereby certify that I attended the deceased from **8/20/1952** to **12/7/1952**, that I last saw the deceased alive on **12/7/1952**, and that death occurred at **11:37 a.m.**, from the causes and on the date stated above.

| | | |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) George Eaker, M.D. | 23b. ADDRESS 5600 Arsenal St. | 23c. DATE SIGNED 12/7/52 |
|--|--------------------------------------|---------------------------------|

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|--|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12-11-52 | 24c. NAME OF CEMETERY OR CREMATORY Oakland | 24d. LOCATION (City, town, or county) (State) Carbondale, Ill. |
|--|---------------------------|---|---|

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| DATE RECD BY LOCAL REG. DEC 9 1952 | REGISTRAR'S SIGNATURE Charles Smith | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Appelle | ADDRESS 4700 Washington |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Lewis

Licensed Embalmer No. 4108

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.