

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16240**

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3919**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 2239			
b. CITY OR TOWN ST. Louis		c. CITY OR TOWN ST. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROTHERS		e. STREET ADDRESS (If rural, give location) 23 1639 CALIFORNIA AV			
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) EDWARD	
		c. (Last) SMRZ		4. DATE OF DEATH (Month) (Day) (Year) APRIL-13-53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH MAY-11-1890	
		W		9. AGE (In years last birthday) 62 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAILER		10b. KIND OF BUSINESS OR INDUSTRY GLOBE-Democrat		11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN SMRZ		13b. MOTHER'S MAIDEN NAME MARIE	
		14. NAME OF HUSBAND OR WIFE UNKNOWN Margaret Smrz.		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.		17. INFORMANT'S SIGNATURE OR NAME Wilbert Smrz ADDRESS 1639 California av	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach			
		MEDICAL CERTIFICATION			
		INTERVAL BETWEEN ONSET AND DEATH 6 Mo			
		ANTECEDENT CAUSES			
		DUE TO (b) Cancer Liver metastasis 5 Mo			
		DUE TO (c) Cancer Rectum 5 Mo			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing it Arterio Cardio Nephros 1 yr			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Polyps			
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? 151X		22. I hereby certify that I attended the deceased from Dec 14 1952 to 4/12 1953 , that I last saw the deceased alive on Apr 13 1953 and that death occurred at 8 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edna T. Buehler		23b. ADDRESS 607 No Grand		23c. DATE SIGNED 7/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) QUARIAL		24b. DATE APRIL 16-53		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter + Pauls Cem	
24d. LOCATION (City, town, or county) (State) St. Louis MO		24e. DATE REC'D BY LOCAL REG. APR 15 1953		24f. REGISTRAR'S SIGNATURE J. Carl Smith	
24g. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur ADDRESS 3125 Lafayette av		(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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.