

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7208**

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bollinger</i>	
b. CITY (If outside corporate limits, write RURAL, and give township) <i>St. Louis Mo.</i>	c. LENGTH OF STAY (In this place) <i>30 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Lutesville</i> <i>0090</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2849 A Lyon St.</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Effie</i> b. (Middle) <i>Gertrude</i> c. (Last) <i>Smith</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7-14th 53,</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>2-14th 1880</i>
9. AGE (In years last birthday) <i>73</i>		IF UNDER 1 YEAR Days <i>5</i>	IF UNDER 24 HRS. Hours <i></i> Mins. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>I, Llinois /</i>
12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>		13. FATHER'S NAME <i>William Bolen</i>	
14. MOTHER'S MAIDEN NAME <i>Rozzie Johnson</i>		15. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ruth Prater 2849 A-Lyon, ST, Louis.</i>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic</i> DUE TO (c) <i>Heart disease</i>		
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 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) <i>420.0</i>
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?

22. I hereby certify that I attended the deceased from *6/2*, 19*53*, to _____, 19____, that I last saw the deceased alive on *June 13, 1953*, and that death occurred at *10.00P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>John J. Thomas MD</i>	(Degree or title)	23b. ADDRESS <i>Lutesville Mo</i>	23c. DATE SIGNED <i>7/20/53</i>
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-18-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Baker Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Near Lutesville, Mo.</i>

DATE REC'D BY LOCAL REG. <i>JUL 24 1953</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm Baker Funeral Home Lutesville</i>
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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 U. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.