

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30431

FILED AUG 20 1953

State File No.

318

1003

7013

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2127			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 4513 McMillan			

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) W. E. c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 6, 1887	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and State or Foreign Country) Litchfield, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Arthur F. Smith		13b. MOTHER'S MAIDEN NAME Hortense DeHarlingue		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. 490-36-0164	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leighton Brawley, Litchfield, Ill.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia			INTERVAL BETWEEN ONSET AND DEATH 15 da
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelitis			20 da
		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"/>	
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20a. 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6000		

22. I hereby certify that I attended the deceased from **June 1, 1953**, to **July 15, 1953**, that I last saw the deceased alive on **July 15, 1953**, and that death occurred at **5:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray David Kullham M.D.		23b. ADDRESS 114 No Taylor St. Louis		23c. DATE SIGNED 16 July 53	
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 7-16-53	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Litchfield, Ill.		
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DATE REC'D BY LOCAL REG. JUL 16 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		
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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.....
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *410*
P. O. Address *J. Haines*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 3043153
Local Registrar's No. 7013

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____, who, upon _____ oath, states that the original record of birth death for Frances E. Smith, died 7-15- _____, 1953, in the State of Missouri, and which was filed at _____ on _____ 19____, should be corrected as follows:

Item No. 2 should read Frances E. Smith

Instead of _____ " C Y

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Albert J. Haggie, Jr. Div
Relationship.

Gen. C. Nash
4100 Washington
Present Address.

Subscribed and sworn to before me this 15 day of Nov, 1954

My Commission expires 3-4-57 Edna Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

