

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37607**
Registrar's No. **9659**

FILED OCT 23 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 33185318 O'Dell, St. 213/0	
3. NAME OF DECEASED (Type or Print) EMMA		a. (First) SMITH	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 5, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO	8. DATE OF BIRTH Dec. 26, 1875.
9. AGE (In years) (Specify birthday) 77		10. UNDER 1 YEAR (Months) (Days)	11. UNDER 1 HR. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home for Sell	11. BIRTHPLACE (City and State or Foreign Country) Illinois,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Francis Smith	
13b. MOTHER'S MAIDEN NAME Agnes Schaeffer.		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Miller, DU Qupin, Illinois
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal, Meningitis.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Arteriosclerotic, Heart Disease.			
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)			
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 3401			
22. I hereby certify that I attended the deceased from 10-1-53 , 19____, to 10-5-53 , 19____, that I last saw the deceased alive on 10-5-53 , 19____, and that death occurred at 1:40P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Phillip Corners MD		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 10-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 7, 1953.	
24c. NAME OF CEMETERY OR CREMATORY St. Brunos. Cem.		24d. LOCATION (City, town, or county) (State) Perry county, Ill.	
DATE REC'D BY LOCAL REG. OCT 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.	

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.....

John J. Haene
Licensed Embalmer No..... 4108

P. O. Address *St Louis*

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.