5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43453

FILED DEC 30 1953

BIRTH NO. ____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 117

0500 4

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joachim Township
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mountain View Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Township
d. STREET ADDRESS (If rural, give location): Arnold, Missouri.

0500 0

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle):
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1953

5. SEX: F. 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Dec 29, 1866

9. AGE (In years last birthday): 86 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Employed

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Valtine Smith

13b. MOTHER'S MAIDEN NAME: Rose Bender

14. NAME OF HUSBAND OR WIFE: Henry Smith, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Elmer J. Kohler
ADDRESS: Arnold, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — several years.

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

331 X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 4, 1953, *to* Dec 9, 1953, *that I last saw the deceased alive on* Dec 9, 1953, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. D. Bennett, M.D.

23b. ADDRESS: Crystal City, Mo

23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 12, 53

24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 9-12-53

REGISTRAR'S SIGNATURE: Beulah R. Pollitt

25. FUNERAL DIRECTOR'S SIGNATURE: Heibigtag Funeral Home
ADDRESS: Imperial, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED DEC 29 1953

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 Arthur W. Heiligtag

Licensed Embalmer No. 3812

P. O. Address Imperial, 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.