

FILED AUG 11 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25246

State File No.

318

1003

7173

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

1. PLACE OF DEATH
a. COUNTY St. Louis Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.

c. CITY OR TOWN St. Louis, Mo d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Princess Hotel 18th &

e. STREET ADDRESS (If rural, give location) 25 18th and Chestnut Str 2250

3. NAME OF DECEASED
a. (First) Chestnut Street b. (Middle) _____ c. (Last) _____
(Type or Print) Eunice E Smith

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 2 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Jan. 3rd 1871

9. AGE (In years last birthday) 83 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) Retired Nurse

10b. KIND OF BUSINESS OR INDUSTRY Nursing

11. BIRTHPLACE (City and State or Foreign Country) Louisiana Mo

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

13a. FATHER'S NAME John Smith

13b. MOTHER'S MAIDEN NAME Unknow

14. NAME OF HUSBAND OR WIFE Guy Reed Nephew

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 ADDRESS Guy Reed Rm 117 Princess Hotel

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Smoking
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 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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4222

22. I hereby certify that I attended the deceased from 7/22 1954 to 8/1/54, 1954, that I last saw the deceased alive on 7/22, 1954, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. J. Sullivan D.C. (Degree or title)

23b. ADDRESS By 997 Redmond Rd

23c. DATE SIGNED 8/2/54

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

24b. DATE 8/4/54

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

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

DATE REC'D BY LOCAL REG. AUG 2 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 2849 N. Euclid Ave.

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.....

Albert Mayfield

Licensed Embalmer No...30...

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.