

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

25251

5514

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2341-Spencer Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Smith -</b> c. (Last) <b>Smith -</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 4, 1875</b>
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Stoney Creek, Ont.-Canada</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred Gould</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Morrison</b>	14. NAME OF HUSBAND OR WIFE <b>David D. Smith Decd.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>David D. Smith 2341-Spencer Ave.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Carcinomatous</b> DUE TO (c) <b>Carcinoma of ovary</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>175X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 <b>Feb. 18, 1953</b> , to <b>18 June, 1954</b> , that I last saw the deceased alive on <b>12 June, 1954</b> , and that death occurred at <b>9:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Raymond J. Mc...</b>		23b. ADDRESS <b>2338 Woodson Rd Overland, Mo.</b>	23c. DATE SIGNED <b>19 June 1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-21-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pattonville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUN 21 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barnard Bros Inc. 2504 Woodson Rd - Overland, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

7209

**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 3454

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Coveland 14, 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.