

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25496

State File No. ....

FILED JUL 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 331 Registrar's No. 1564

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>                                   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> |  | c. CITY OR TOWN <u>University City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place) <u>49yrs</u>  |  | e. STREET ADDRESS (If rural, give location) <u>7301 Forsyth Blvd.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Res. 7301 Forsyth Blvd</u>                              |  |  |  |

|                                     |                         |                        |                                       |  |  |
|-------------------------------------|-------------------------|------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) |                         |                        | 4. DATE OF DEATH (Month) (Day) (Year) |  |  |
| a. (First) <u>Lida</u>              | b. (Middle) <u>Hawk</u> | c. (Last) <u>Smith</u> | <u>June 30, 1954</u>                  |  |  |

|                 |                           |   |                                       |  |   |   |
|-----------------|---------------------------|---|---------------------------------------|--|---|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 13, 1882</u> | 9. AGE (In years last birthday) <u>71yrs</u> | 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) <u>Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Scott Co., Ill</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|--|---|

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|--|---|---|
| 13a. FATHER'S NAME <u>John H. Hawk</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Hardy</u> | 14. NAME OF HUSBAND OR WIFE <u>Sterling Price Smith</u> |
|--|---|---|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Martha Jané Peck</u> ADDRESS <u>7301 Forsyth</u> |
|--|-------------------------------------|---|

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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>27 years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of heart</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 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 <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 May 10, 1954, to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

|   |   |                                |
|---|---|--------------------------------|
| 23a. SIGNATURE <u>Sam F. Beam</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>354 Central - St. Louis</u> | 23c. DATE SIGNED <u>7/1/54</u> |
|---|---|--------------------------------|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 3, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |
|---|-------------------------------|--|---|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>7/3/54</u> | REGISTRAR'S SIGNATURE <u>Walter R. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter R. ...</u> ADDRESS <u>6175 De ...</u> |
|--|--|--|

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.....  
*Geo. E. McCulloch*

Licensed Embalmer No. 24

P. O. Address 61707

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.