

STANDARD CERTIFICATE OF DEATH

32623

State File No.

FILED SEP 28 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2109

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6307 Spencer Pl.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6307 Spencer Pl.,</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LUCINDA</u>	b. (Middle) <u>CATHERINE</u>	c. (Last) <u>SMITH.</u>	(Month) <u>Sept.</u>	(Day) <u>2,</u>	(Year) <u>1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 1, 1870</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months Days	# UNDER 100 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>	11. BIRTHPLACE (State or foreign country) <u>Steeleville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Camel Mincher</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Grogrey</u>	14. NAME OF HUSBAND OR WIFE <u>John M. Smith Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Howerton</u>	ADDRESS <u>6307 Spencer Pl.,</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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	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) <u>163X</u>
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 Jan 1952 to 4-2-54, that I last saw the deceased alive on 4-2-, 1954, and that death occurred at 1.00 Pm. from the causes and on the date stated above.

23a. SIGNATURE <u>Henry W. Keller</u>	(Degree or title)	23b. ADDRESS <u>3720 Washington St. Louis Mo.</u>	23c. DATE SIGNED <u>9-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cem.,</u>	24d. LOCATION (City, town, or county) (State) <u>Keysville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/15/54</u>	REGISTRAR'S SIGNATURE <u>Heckathorn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark</u>	ADDRESS <u>1125 Hodiamont Ave.,</u>
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WRITE PLAINLY—USING UNFADEING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Alfred J. Bodeker

Signed.....

Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.