

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35983

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8900**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL | | e. STREET ADDRESS (If rural, give location) 6 1473A BELT AVE 20690 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ALFRED | b. (Middle) A. | c. (Last) SMITH | 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 26, 1954 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH JUNE 1 1885 69 | 9. AGE (In years last birthday) 69 | 10. MONTHS 9 | 11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MANCHANIC | | 10b. KIND OF BUSINESS OR INDUSTRY AUTO. MANCHANIC | | 11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME UNKNOWN SMITH | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE MARION SMITH |
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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) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Lester Smith | ADDRESS 8328 Elmor |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease | | |
| | ANTECEDENT CAUSES DUE TO (b) 2 infarctus failure DUE TO (c) Branchiopneumonia | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) 4200 |
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| 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? |
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22. I hereby certify that I attended the deceased from **9-17-54**, 19**54**, to **9-26-54**, 19**54**, that I last saw the deceased alive on **9-26-54**, 19**54**, and that death occurred at **10:40A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE James P. Sullivan | (Degree or title) MD | 23b. ADDRESS 1515 Lafayette Avenue | 23c. DATE SIGNED 9-27-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-1-54 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REG. OCT 1 1954 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark | ADDRESS 1125 Hodiamont Ave. |
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(Licensed Embalmer's Statement on Reverse Side)

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

No Embalmer.

Signed..... *Alfred J. Boedeker*

Licensed Embalmer No. *248*

P. O. Address *1125 Third*

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.