

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39571

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2738

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Overland		c. CITY OR TOWN Overland 423	
c. LENGTH OF STAY (In this place) 5 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9822 Midland		STREET ADDRESS (If rural, give location) 9822 Midland	

3. NAME OF DECEASED (Type or Print)	a. (First) Leonard	b. (Middle) A.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1899	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 11 Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Estimator	10b. KIND OF BUSINESS OR INDUSTRY Plate Glass Co.	11. BIRTHPLACE (City and State or Foreign Country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin Smith	13b. MOTHER'S MAIDEN NAME Clara Rosing	14. NAME OF HUSBAND OR WIFE Mary Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) 1st World War	16. SOCIAL SECURITY NO. 494-03-6250	17. INFORMANT'S SIGNATURE OR NAME Mary Smith	ADDRESS 9822 Midland, Overland
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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, asthenia, etc. It means the disease, injury, or complications which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 Hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) 4201 (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 8/14/54 to 11/25/54, 1954, that I last saw the deceased alive on 11/25, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE N. Mistackin (Degree or title) MD	23b. ADDRESS 9903-Olive St	23c. DATE SIGNED 11/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11/29/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 11/27/54	REGISTRAR'S SIGNATURE REBECCAH SOMMERHUIS	25. FUNERAL DIRECTOR'S SIGNATURE F. Stewart	ADDRESS 1225 Union
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(Licensed Embalmers' 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

Signed *Melvin L. Kemp*

Licensed Embalmer No. *40*

P. O. Address *3505 Cla*
St. Louis 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.