

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39632

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>2700</u>							
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Webster Groves</u> , town(ship))		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Chester</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>970 Tuxedo avenue</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) <u>KATHERINE</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-18-54</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 9, 1891</u>		9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chester, Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Schmidt</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Charles Smith</u>					
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 ADDRESS: <u>Harriet Ries, 970 Tuxedo ave.</u>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myelogenous Leucemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> 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"/>	
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>2041</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Nov 15, 1954</u> , to <u>Nov 18, 1954</u> , that I last saw the deceased alive on <u>Nov 15, 1954</u> , and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above.													
22a. SIGNATURE (Degree or title) <u>Thomas W. Parker M.D.</u>				22b. ADDRESS <u>4660 Maryland Ave. St. Louis</u>				22c. DATE SIGNED <u>11/22/54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>11-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) <u>Chester, Ill.</u>					
DATE REC'D BY LOCAL REG. <u>11-23-54</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welge F.H., Chester, Ill.</u>							

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.....
J. Allen Davis

Licensed Embalmer No.....
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P. O. Address.....

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.