

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44012
State File No.
11764
Registrar's No.

FILED JAN 18 1955

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2019			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6105 Marwinette</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) <u>F</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 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>2 Nov 27 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours Min. <u>27</u>		
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>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Wilhelm Rensil</u>			13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>William T. Smith (Deceased)</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)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Smith 1105 Holly Hills</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>Cerebral vascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Chronic brain syndrome associated</u> II. OTHER SIGNIFICANT CONDITIONS <u>Senile changes</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10/25/54</u> <u>1951</u> <u>1951</u>	
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) _____					
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? <u>4200</u>					
22. I hereby certify that I attended the deceased from <u>Oct. 29, 1951</u> , to <u>Dec. 24, 1954</u> , that I last saw the deceased alive on <u>Dec. 24, 1954</u> , and that death occurred at <u>8:35p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Anna Aguera MD</u>				23b. ADDRESS <u>5400 Arsenal St.</u>		23c. DATE SIGNED <u>12/25/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/28/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>			
DATE REC'D BY LOCAL REG. <u>DEC 27 1954</u>		REGISTRAR'S SIGNATURE <u>Albert Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.L. Ziegenhein & Sons 7027 Gravois</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
Student Embalmer

Signed

B. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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