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|--|--|--|--|---|---|---|---|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>11507</b>  |   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b>                  |   |   |   | b. COUNTY <b>St. Louis</b>                         |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>ST. LOUIS</b>   |  |  |  | c. LENGTH OF STAY (in this place)<br><b>34 6</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>DePaul Hospital</b>  |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>7171 Kingsbury Blvd</b>   |   |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>EDWARD</b>  |  |  | a. (First)   |   | b. (Middle)<br><b>T</b>   |   | c. (Last)<br><b>SMITH</b>                 |  |  |
| 4. DATE OF DEATH<br><b>12 16 1954</b>  |  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |   | 8. DATE OF BIRTH<br><b>1-12-1872</b>  |   | 9. AGE (in years last birthday) <b>82</b> |  |  |
| 5. SEX<br><b>Male</b>  |  |  | 6. COLOR OR RACE<br><b>White</b>   |   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>President: St. Louis Printing Co.</b> |   | 10b. KIND OF BUSINESS OR INDUSTRY         |  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Westport, Mo.</b>   |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                               |   |   |   |   |  |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>                              |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Mellcene Smith.</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  |  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>                                |   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Mellcene Smith; 7171 Kingsbury Blvd.</b>                             |   |  |  |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>               |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>no</b><br>DUE TO (c)  |  |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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<br><b>4200</b>  |   |   |   |  |  |
| 22. I hereby certify that I attended the deceased from <b>Dec. 14, 1954</b> , to <b>Dec. 16, 1954</b> , that I last saw the deceased alive on <b>Dec. 16, 1954</b> , and that death occurred at <b>4:05 P.m.</b> , from the causes and on the date stated above. |  |  |  |   |   |   |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>A.R. Jannigan M.D.</b>  |  |  |  | 23b. ADDRESS<br><b>539 North Grand</b>  |   | 23c. DATE SIGNED<br><b>12/17/54</b>   |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 24b. DATE<br><b>12-20-54</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Atchison, Kans</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>Atchison, Kans</b>  |   |  |  |
| DATE REC'D BY LOCAL REG.<br><b>DEC 17 1954</b>   |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith M.D.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd;</b>  |   |   |   |  |  |

FEB 9 1955

**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 Clarence H. Murray.....

Licensed Embalmer No. 14101.....

P. O. Address St. Louis.....

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.....