No. 300
10.48

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3117

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0420

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1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHRISTIAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: SAINT LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 921 Hornsby Ave.

2089
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3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): E
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug.17,1876

9. AGE (In years last birthday): 78 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Maintenance Paper cutter

11. BIRTHPLACE (City and State or Foreign Country): Lamont, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Smith

13b. MOTHER'S MAIDEN NAME: Anna Unknown

14. NAME OF HUSBAND OR WIFE: Minnie L.Smith (Frie)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Miss Esther Smith, 921 Hornsby Ave. 15

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 complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 72 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, left — 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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): St. Louis Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that I attended the deceased from* 1/5/55, 19__, *to* 1/14/55, 19__, *that I last saw the deceased alive on* Jan 14, 19 55 *and that death occurred at* 1:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Anthony J. Vitale (Degree or title): M.D.

23b. ADDRESS: 3861 St. Louis Ave

23c. DATE SIGNED: 1/19/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Jan.17,1955

24c. NAME OF CEMETERY OR CREMATORY: St.Peters Cemetery

24d. LOCATION (City, town, or county) (State): St.Louis County Missouri

DATE REC'D BY LOCAL REG.: JAN 17 1955

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CALVIN F. FEUTZ FUNERAL HOME 4828 Natural Bridge

M88

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. Anthony Vitale
3861 St. Louis Ave.
1-5 P.M. Today (Sat).

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 418

P. O. Address St. Louis

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