

FILED APR 27 1955

STANDARD CERTIFICATE OF DEATH

State File No.

13999

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2343**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY OR TOWN CLAYTON 444 1/2 | |
| c. LENGTH OF STAY (in this place) 4 WKS | | 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 JEWISH HOSPITAL | | e. STREET ADDRESS (If rural, give location) 720 N. MERAMEC | |
| 3. NAME OF DECEASED a. (First) MAUDE | | b. (Middle) W. | |
| c. (Last) SMITHERMAN | | 4. DATE OF DEATH (Month) (Day) (Year) 3-14-1955 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH JAN 1-1898 |
| 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months 1 Days 29 | IF UNDER 12 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady | 10b. KIND OF BUSINESS OR INDUSTRY Famous-Baird | 11. BIRTHPLACE (City and State or Foreign Country) GEORGIA | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME DOZIER WELLS | 13b. MOTHER'S MAIDEN NAME VIRGINIA NEWMAN | 14. NAME OF HUSBAND OR WIFE CHARLES - (DEC) | |
| 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. 487-38-0377 | 17. INFORMANT'S SIGNATURE OR NAME Mrs Mabel Nash 5883 Enright ADDRESS | |
| 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Generalized arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus | | INTERVAL BETWEEN ONSET AND DEATH 2 days + 1 month |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331X | |
| 22. I hereby certify that I attended the deceased from Feb 14, 1955 , to 3/14, 1955 , that I last saw the deceased alive on 3/13, 1955 , and that death occurred at 2:20 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Murray Chensky (Degree or title) M.D. | | 23b. ADDRESS 216 S. Kingshighway St. Louis | 23c. DATE SIGNED 3/14/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removed | 24b. DATE 3-16-55 | 24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem | 24d. LOCATION (City, town, or county) (State) ST. Louis County |
| DATE REC'D BY LOCAL REG. MAR 14 1955 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE W. B. Hoff ADDRESS St. Louis Clayton | |

(Licensed Embalmer's 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..... *Felix Howard*

Licensed Embalmer No. *303*

P. O. Address *1. Eastview*
sub

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.