

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17005

FILED MAY 25 1955

State File No. \_\_\_\_\_  
318 1003 Registrar's No. 4099

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4099</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>City of St. Louis</b> )		c. LENGTH OF STAY (In this place) <b>12 1/2</b> days		c. CITY OR TOWN <b>St. Louis</b>		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 <b>St. Louis Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Pearl</b>		a. (First) <b>Pearl</b>		b. (Middle) <b>Smith</b>		c. (Last) <b>Sheppard</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>5-6-1955</b>		5. SEX <b>Female</b>		6. COLOR (OR RACE) <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>May 1, 1884</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>5</b>		IF UNDER 1 Wk. Hours <b>3</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during main part of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Geo. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah ?</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Genevieve Jones</b> ADDRESS <b>3833 Winborn Rd</b>			
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) <b>Hypertensive Cardiovascular Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>yr 0</b> <b>mo</b>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443x</b>				22. I hereby certify that I attended the deceased from <b>1-23-</b> , 19 <b>53</b> , to <b>5-6-</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5-6-</b> , 19 <b>55</b> , and that death occurred at <b>2:55 p. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>William Maurice Reublich MD</b>		23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>5/6/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12 May 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Saddle Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 9 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rehable Funeral Svs</b> ADDRESS <b>1221 The Jaylor</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *4779 Hammett*

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.