

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17017

State File No. ....

FILED MAY 18 1955

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 3837

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003 Registrar's No. 3837

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Missouri		b. COUNTY Missouri	
c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employes' Hospital		d. STREET ADDRESS (If rural, give location) 1022 Leona	

3. NAME OF DECEASED a. (First) Richard			b. (Middle) R			c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1955		
5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Dec. 27, 1879		
9. AGE (In years last birthday) 75 yrs			IF UNDER 1 YEAR Months Days Hours Min.			IF UNDER 1 YEAR Months Days Hours Min.			11. BIRTHPLACE (State or foreign country) Ohio		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Railroad			12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Hammond Smith			13b. MOTHER'S MAIDEN NAME Lucy Smith			14. NAME OF HUSBAND OR WIFE Lillian E. Smith					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. Railroad			17. INFORMANT'S SIGNATURE OR NAME Lillian Smith			ADDRESS 1022 Leona St. Louis, Mo.		

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								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with metastases.									
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION 12-22-53		19b. MAJOR FINDINGS OF OPERATION Gastrectomy						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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? 151X					

22. I hereby certify that I attended the deceased from December 21 1953, to April 28, 1955, that I last saw the deceased alive on April 28, 1955, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE V. W. Hedio, M.D., Chief Surgeon			23b. ADDRESS 4960 Laclede, St. Louis, Mo.			23c. DATE SIGNED 4-29-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		

DATE REC'D BY LOCAL REG. APR 29 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	
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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

*Joseph E. McCulloch*

Licensed Embalmer No. *2960*

P. O. Address *6175 Plomar*

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.