

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20413**
5131

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 51 years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 24 3620a Texas Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) FRANCIS		c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) JUNE 11, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 15, 1884			
9. AGE (in years last birthday) 70		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 - Clerk			10b. KIND OF BUSINESS OR INDUSTRY Wholesale Drug		11. BIRTHPLACE (City and State or Foreign Country) Ohio (City unknown)		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown Smith			13b. MOTHER'S MAIDEN NAME Unknown Thomas			14. NAME OF HUSBAND OR WIFE Gertrude Erickson Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 494-03-5942		17. INFORMANT'S SIGNATURE OR NAME Gertrude Smith, 3620a Texas Ave., St. Louis				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction CVA 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.				INTERVAL BETWEEN ONSET AND DEATH	
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? 4201					
22. I hereby certify that I attended the deceased from 6-5-55 , 19____, to 6-11-55 , 19____, that I last saw the deceased alive on 6-11-55 , 19____, and that death occurred at 9:45P m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. E. McDermott, M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-13-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. JUN 14 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H., Inc., 1936 St. Louis Ave.					

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 *Melvin L. Kemp*

Licensed Embalmer No... *402*

P. O. Address *3505*

St. Louis 20, Mo.

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