

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24391

FILED AUG 4 - 1955

State File No.

318

1003

Registrar's No. 5760

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO.		a. STATE MISSOURI b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN No	
d. FULL NAME OF HOSPITAL OR INSTITUTION FERMIN DES LOSE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		1141 CLAYTON Rd. #1	

3. NAME OF DECEASED (First) (Middle) (Last) AUGUSTA H SMITH			4. DATE OF DEATH (Month) (Day) (Year) JULY 2 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9/21/1880		9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Min.) 74 9 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H/H HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BOONVILLE MO	
13a. FATHER'S NAME ANTHONY SMITH		13b. MOTHER'S MAIDEN NAME CATHERINE FRANKEN		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OF NAME AND ADDRESS Mrs. Fred Rugg	
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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.		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hr.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis		—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		—	

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) (Min.)		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 June 27, 1955, to July 2, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Jennings, M.D.		23b. ADDRESS 35 N Central, Clayton 5		23c. DATE SIGNED July 5, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE 7/6/55		24c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL	
24d. LOCATION (City, town, or county) (State) BOONVILLE MO					

DATE REC'D BY LOCAL REG. JUL 5 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FEDERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs. Cullinan, P.O. 3370 N Kingshighway	
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(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.....
Fred Frick

Licensed Embalmer No. *3181*

P. O. Address *St. Louis*

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.