

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24914

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1489</u>					
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>			c. LENGTH OF STAY (in this place) <u>9 mos.</u>		c. CITY OR TOWN <u>Affton</u>		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: <u>9132 Jonmar</u>				e. STREET ADDRESS (If rural, give location) <u>9132 Jonmar</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>			b. (Middle)		c. (Last) <u>Smythe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1955</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 26, 1869</u>		9. AGE (In years last birthday) <u>86</u> # UNDER 1 YEAR: Months _____ Days _____ # UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Maxmillian Wunsch</u>			13b. MOTHER'S MAIDEN NAME <u>not known</u>			14. NAME OF HUSBAND OR WIFE <u>Edward G. Smythe, deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Celeste Wilson</u>					ADDRESS <u>9132 Jonmar</u>		
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) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture right femur</u> DUE TO (c) <u>Impairment of age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>26 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9030</u> <u>17-20</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Affton, St. Louis Co. Mo.</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-3-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Standing at kitchen sink and she fell backwards.</u>							
22. I hereby certify that I attended the deceased from <u>May 8, 1955</u> , to <u>May 21, 1955</u> , that I last saw the deceased alive on <u>May 24, 1955</u> , and that death occurred at <u>2a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Albert T. Styles D.O.</u>				23b. ADDRESS <u>8818 W. Main St. Affton, Mo.</u>			23c. DATE SIGNED <u>6/29/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/1/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Affton Mo</u>					
DATE REC'D BY LOCAL REG. <u>6/29/55</u>		REGISTRAR'S SIGNATURE <u>Heber B. Donker, Jr.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u>					ADDRESS <u>7027 Gravois</u>	

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.....
C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Grav*

**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.**