

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35173

State File No.

318

1003

8858

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) --- HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 6209 Elizabeth Ave.			
3. NAME OF DECEASED (Type or Print) FRANCES		a. (First)		b. (Middle)		c. (Last) SMITH	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sep. 13, 1894	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		10. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1955	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Elder Mfg. Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Lyman Teter		13b. MOTHER'S MAIDEN NAME Lou Ellen Tynes	
14. NAME OF HUSBAND OR WIFE Late Harvey M. Smith				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 490-03-1267	
17. INFORMANT'S SIGNATURE OR NAME Virginia Lou Betz				ADDRESS 6209 Elizabeth Av.			
18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c) <i>Myocardial infarction</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>			
*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the direct injury or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Coronary Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
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		19b. MAJOR FINDINGS OF OPERATION <i>420-1</i>					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10/9</i> , 19 <i>55</i> , to <i>10/9</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>10/9</i> , 19 <i>55</i> , and that death occurred at <i>11:40 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Arthur E. Strands - M.D.</i>				23b. ADDRESS <i>539 N. Grand</i>		23c. DATE SIGNED <i>10/11/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. OCT 11 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl			

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. 514
working under my personal supervision..

Student George W. Kuepferman Jr.
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address

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.