

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42633

State File No.

BIRTH NO. 96476-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11594

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		STREET ADDRESS (If rural, give location) <u>16 3425 Virginia</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gregory</u> b. (Middle) <u>Paul</u> c. (Last) <u>Smad</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>30</u> (Year) <u>55</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>12-24-55</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>11</u> Min. <u>57</u> IF UNDER 14 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		
13a. FATHER'S NAME <u>Fred John Smad</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Lucile Roeder</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>FRED J SMID 3425 VIRGINIA</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Haemophilus influenzae</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Friedrichsm-Waterhouse Syndrome</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>064.4</u>			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?		
22. I hereby certify that I attended the deceased from <u>Dec 29</u> , 19 <u>55</u> , to <u>Dec 30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>55</u> , and that death occurred at <u>7:05 Am.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Stanley Harrison</u> (Degree or title)			23b. ADDRESS <u>110 S. Central, Clinton</u>		23c. DATE SIGNED <u>Dec 30/1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC. 31 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuts 2906 Travis</u>				
DATE REC'D BY LOCAL REG. <u>JAN 3, 1956</u>		REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Not Embalmed

Signed.....

J. O. Budd

Licensed Embalmer No. *398*

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.