

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43067

State File No. _____

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3039

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 hrs.</u>	c. CITY OR TOWN <u>ST LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORMANDY OSTEOPATHIC HOSP.</u>			e. STREET ADDRESS (If rural, give location) <u>4008 LEE AVE.,</u> <u>2107</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>SMEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 24 1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> DIVORCED (Specify)	8. DATE OF BIRTH <u>AUG 13 1895</u>		9. AGE (In years (b) birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>EDMOND AUBUCHON</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE DANILEY</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM E. SMEE</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 ADDRESS <u>WILLIAM EDWARD SMEE SR., 4008 LEE AVE</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic coma</u> DUE TO (c) <u>Hypertension</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>12 hrs.</u> <u>12 hrs.</u> <u>10 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260 x</u>			20. AUTOPSY? YES <input 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?		
22. I hereby certify that I attended the deceased from <u>June 15, 1945</u> , to <u>12-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>55</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Russell Glare</u>		23b. ADDRESS <u>P.O. 4032 W. Flannan Ave</u>		23c. DATE SIGNED <u>12-27-55</u>	
24a. BURIAL, CREMATION, OR OTHER (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO., MO</u>		
DATE REC'D BY LOCAL REG. <u>12-27-55</u>	REGISTRAR'S SIGNATURE <u>Harold A. Blankenship</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT CARROLL UND., CO., 4600 NATURAL BRIDGE</u>		

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

300
45

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... *Elexia B. Cadwell*

Licensed Embalmer No.. *40*

P. O. Address... *St. Louis*

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