

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7682

Registrar's No. 462

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	State File No. 7682			
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Normandy		c. LENGTH OF STAY (in this place) 23 Days		c. CITY OR TOWN St. Johns Sta. 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteo. Hosp.		e. STREET ADDRESS (If rural, give location) 3723 Connor Ave., 21		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Clifford		c. (Last) Smith			
4. DATE OF DEATH (Month) (Day) (Year) 2 16 56		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-22-1893		9. AGE (In years last birthday) 62			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Jefferson Hotel		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Leonard Smith		13b. MOTHER'S MAIDEN NAME Carrie Kintz			
14. NAME OF HUSBAND OR WIFE Emily Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 494-82-9854			
17. INFORMANT'S SIGNATURE OR NAME X Emily M. Smith		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3723 Connor Ave - MEDICAL CERTIFICATION - ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Sclerosis General Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Extensive Adipose Tissue in Abdomen Causing Compression of Myocardium. Interval Between Onset and Death		19a. DATE 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/1, 1955, to 2/16, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 12 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. C. N. Salem D.O.		23b. ADDRESS 7320 Hermann Rd		23c. DATE SIGNED 2/16/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/20/56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.		24f. FUNERAL HOME, INC., St. Louis, 15, Missouri			

(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 *Ralph C. Zanders*.....

Licensed Embalmer No. *427*

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.