

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11441**
Registrar's No. **3065**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN River Forest	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 842 Forest Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print)		a. (First) ALEXANDER	b. (Middle) B.	c. (Last) SMILLIE	4. DATE OF DEATH (Month) (Day) (Year) March 25, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 12, 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 13	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Traveler Fire Ins Co.		11. BIRTHPLACE (State or foreign country) Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Alexander B. Smillie, Sr.		13b. MOTHER'S MAIDEN NAME Jean MacClumpha		14. NAME OF HUSBAND OR WIFE Alice Smillie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 303-03-0984		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alexander B. Smillie, River Forest, Ill.		ADDRESS	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Transverse Myelitis - upper thoracic area (a) Transverse Myelitis - upper thoracic area anterior spinal artery thrombosis DUE TO (b) Anterior Spinal Artery Thrombosis generalized arteriosclerotic cardio vascular dis. DUE TO (c) Generalized Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 7 days 7 da. 7 days Unknown	
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 422-1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1-55 3025-56	

22. I hereby certify that I attended the deceased from **1 July, 1955** to **26 March, 1956**, that I last saw the deceased alive on **25 March, 1956**, and that death occurred at **3:00 p.m.** from the causes and on the date stated above. **25-56**

23a. SIGNATURE John J. McCann <i>John J. McCann M.D.</i>		(Degree or title)		23b. ADDRESS 16 Hampton Village		23c. DATE SIGNED 26 March 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 3/27/56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 26 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp, Inc.		ADDRESS Kirkwood Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Felix Hurard

Licensed Embalmer No. 2024

P. O. Address Kirkwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.