

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11445**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3121**

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) —a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1201 Bayard Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>1201 Bayard Ave.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b>			b. (Middle) <b>ANN</b>			c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 28, 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Oct. 21, 1882</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 24 HRS. Hours <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Private Family</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Henry O'Fallon</b>			13b. MOTHER'S MAIDEN NAME <b>Rachael Allen</b>			14. NAME OF HUSBAND OR WIFE <b>Victor R. Smith</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-40-6112</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Beryl Stuart, 2008 E. John Ave.</b>				ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left Ventral Failure.</b>				INTERVAL BETWEEN DEATH <b>acute</b>		
				ANTECEDENT CAUSES <b>Chronic Myocarditis</b>				<b>2 years</b>		
				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <b>422.2</b>				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) _____		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 <b>19 Oct.</b> , 19 <b>55</b> , to Death _____, 19____, that I last saw the deceased alive on <b>27 March 1956</b> , and that death occurred at <b>7:20 a.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>A. James Evans Jr.</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Page Blvd #4 4730a</b>		23c. DATE SIGNED <b>28 Mar 56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/31/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>MAR 28 1956</b>		REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates, 4107 Finney Ave.</b> ADDRESS _____						

(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Arthur L. Heiler*

Licensed Embalmer No.....

P. O. Address 4107 Fin.....

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