FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11817

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 769

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) [redacted] Richmond Ht.
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give address or location) ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS b. COUNTY MADISON
c. CITY OR TOWN GRANITE CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2524 CIRCLE DRIVE 812 8

3. NAME OF DECEASED (Type or Print)
a. (First) SUSAN b. (Middle) ENDORA c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1956

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 10-3-1887
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-Confectioner
10b. KIND OF BUSINESS OR INDUSTRY CONFECTIONERY
11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES SMITH
13b. MOTHER'S MAIDEN NAME MARIAH S. SAVELLS
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 330-28-4566
17. INFORMANT'S SIGNATURE OR NAME James C Smith ADDRESS 2524 Circle Dr Granite City, Ill.

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) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonitis
DUE TO (c) Pneumococcal Meningitis (Subsidiary)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES ☑ NO ☐ 3401

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1954 *to* 3/19/56, *that I last saw the deceased alive on* 3/19/56, *and that death occurred at* 22.20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. Mueller M.D.
23b. ADDRESS 4161 Lindell
23c. DATE SIGNED 3/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 3-19-1956
24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL
24d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS

DATE REC'D BY LOCAL REG. MAR 20 1956
REGISTRAR'S SIGNATURE Herbert R. Dowley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer ADDRESS Granite City, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

651 S. B

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Mere

Licensed Embalmer No. 29

P. O. Address Granite

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.