

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14887

318

1003

3632

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is 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. St. John's Hospital				e. STREET ADDRESS (If rural, give location) 222 1/2 2126 Clark avenue			
3. NAME OF DECEASED (Type or Print) Helen		a. (First)		b. (Middle)		c. (Last) Smith	
4. DATE OF DEATH		(Month) 4		(Day) 7		(Year) 56	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-4-1904	
9. AGE (In years last birthday) 52		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Murphysboro, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jos. Boston		13b. MOTHER'S MAIDEN NAME Eva Rose		14. NAME OF HUSBAND OR WIFE Fred Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 334-12-2371		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Smith, St. Louis, Mo.			
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) Brain Tumor with hemorrhage (probable glioma) Antecedent causes (b) (Probable Glioma) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) 193x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-7-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4-2-56 4-7-56			
22. I hereby certify that I attended the deceased from 4-2-1956, to 4-7-56, 1956, that I last saw the deceased alive on 4-7-1956, and that death occurred at 11:30 P.M., from the causes and on the date stated above. 4-8-56							
23a. SIGNATURE Carl J. Reis (Degree or title) M.D.				23b. ADDRESS 18 S. Kingshighway M.D. of Kingshighway		23c. DATE SIGNED 4-8-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-56		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Murphysboro, Ill.	
DATE REC'D BY LOCAL REG. APR 12 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Crawshaw, Murphysboro. Ill.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1958

FEB 18 1957

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.....  
*Francis J. [Signature]*

Licensed Embalmer No. 457  
P. O. Address *St. Louis, Mo.*

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.