

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18681

4314

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

| | | | | | | | | | |
|---|--|--|---|--|--|---|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. 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 (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | d. STREET ADDRESS (If rural, give location) 21 2206 CARR 2219 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS | | | | d. STREET ADDRESS (If rural, give location) 21 2206 CARR 2219 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) REESTER b. (Middle) SMITH c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 4 29 56 | | | | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE COLORED | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN | | 8. DATE OF BIRTH UNKNOWN | | | |
| 9. AGE (In years last birthday) 78 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (State or foreign country) LA. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE UNKNOWN | | | |
| 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. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. J.C. Rice 3308 Lucas, St. Louis | | | | | |
| 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) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEART DISEASE 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 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420-0 | | | | 20. AUTOPSY? YES <input 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) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Deputy Registrar (Name or title) J. Carl Smith | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 5/2/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE MAY 5, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEM. | | 24d. LOCATION (City, town, or county) (State) LEMAY MO. | | | |
| DATE REC'D BY LOCAL REG. MAY 2 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCLAIN'S FUNERAL HOME 5317 NORTHLAND | | | | | |

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

S.P. (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 _____

Leroy W. Gannist

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern

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