

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39815

FILED NOV 26 1956

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9365**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 WKS	c. CITY OR TOWN Ferguson 4119 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			e. STREET ADDRESS (If rural, give location) 245 Louisa		
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) SMITH c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1882	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Hart		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Charles B. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no (unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvera Herr, Ferguson, Missouri			
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) <u>Carcinoma of uterus</u> <u>Carcinoma of uterus</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u> ANTECEDENT CAUSES 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. <u>Mutators to Fungus</u> <u>4 mos.</u>				
19a. DATE OF OPERATION 1948	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus</u> 174x				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)		21f. HOW DID INJURY OCCUR	
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"/>				
22. I hereby certify that I attended the deceased from <u>Sept 27, 1956</u> , to <u>Oct 11, 1956</u> , that I last saw the deceased alive on <u>Oct 10, 1956</u> , and that death occurred at <u>5 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M.D. Johnson</u> M.D. Johnson (Degree or title)			23b. ADDRESS <u>Ferguson Mo</u>		23c. DATE SIGNED <u>10-12-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>10-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>OCT 15 1956</u>	REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE CHAPEL, FERGUSON, MISSOURI</u>		

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

Student.....  
Signature of Student Embalmer

Signed *Eleana Province*.....

Licensed Embalmer No...3403...

P. O. Address Jennings, 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.