

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **11550** 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, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers		d. STREET ADDRESS 3840 Neosho	
3. NAME OF DECEASED (Type or print) First Lawrence Middle C Last Smith		4. DATE OF DEATH Month 12 Day 16 Year 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Employed		11. BIRTHPLACE (City and state or country) Bonne Terre, Missouri	
13. FATHER'S NAME James Smith		14. MOTHER'S MAIDEN NAME Rebecca Cartee	
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.	
17. INFORMANT Eleanor Wideman Smith		Address 3840 Neosho	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exacerbated Esophageal Varices Hepatic cirrhosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 12 days Chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5810		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Dec. 3, 56 to Dec. 16, 56 and last saw ^{her} him alive on Dec 16 56 Death occurred at 10:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter Ruppel M.D.		22b. ADDRESS 7702 Long Ave.	22c. DATE SIGNED 12/17/56
23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE 12-19-1956	23c. NAME OF CEMETERY OR CREMATORY Gamel Cemetery	23d. LOCATION (City, town, or county) (State) Festus, Missouri
24. FUNERAL DIRECTOR Hofmeister Colonial Mortuary 6464 Chippewa Street St Louis 9, Mo		25. DATE RECD. BY LOCAL REG. DEC 17 1956	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Lewis C. Hefner

Licensed Embalmer No. 30

P. O. Address 78148

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.