

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44335

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3011

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) BRENTWOOD MO.		c. LENGTH OF STAY (in this place) 4 1/2 years		c. CITY OR TOWN Brentwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1426 WITHROW (HOME)		No. STREET ADDRESS (If rural, give location) 1426 WITHROW			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ELLA	b. (Middle)		c. (Last) SMITH		(Month) (Day) (Year) 12-18-56
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 9, 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
13a. FATHER'S NAME FOUNTAIN SCOTT			13b. MOTHER'S MAIDEN NAME ELLA BASSY		14. NAME OF HUSBAND OR WIFE UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS CORLETTE HODGES 3972 ENRIGHT	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis		II. OTHER SIGNIFICANT CONDITIONS Senility			5 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1953 , to Dec 18 , 1956, that I last saw the deceased alive on Dec 18 , 1956 and that death occurred at 11:30 m., from the causes and on the dates stated above.					
23a. SIGNATURE Rusan, M.D.		23b. ADDRESS 2455 Kirkham - Winter Grove - 9 (Dns)		23c. DATE SIGNED 12-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-22-56		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis County					

DATE REC'D BY LOCAL REG. 12-21-56		REGISTRAR'S SIGNATURE Hubert B. Donahoe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. B. France 1221 N. GRAND	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Starence Casanova*

Licensed Embalmer No. *475*

P. O. Address *1027 72nd St*

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.