

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6639

FILED FEB 26 1957

State File No. 1415
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1415					
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 type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: Park Lane Hospital				e. STREET ADDRESS (If rural, give location) 2239 2016 Allen Av							
3. NAME OF DECEASED (Type or Print) a. (First) Mildred		b. (Middle) E		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Feb 8 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23 1883		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY U S				
13a. FATHER'S NAME Solomon Kaercher			13b. MOTHER'S MAIDEN NAME Lena wesche			14. NAME OF HUSBAND OR WIFE Harry A. (Deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kaercher Smith 4310 Tesson Rd							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia; Fracture of Left Femur. DUE TO Injured in fall in alley vicinity of 18th and Russell				INTERVAL BETWEEN ONSET AND DEATH _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION January 6 1957				19b. MAJOR FINDINGS OF OPERATION _____			
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, street, or office bldg., etc.) Alley		21c. (CITY, TOWN, OR TOWNSHIP) St Louis MO (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 25 57		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Ego.H.5 45							
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 5:45 p.m., from the causes and on the date stated above.											
23a. SIGNATURE James M Kelly				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 2-12-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/12/57		24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo					
DATE REC'D BY LOCAL REG. FEB 13 57		REGISTRAR'S SIGNATURE Pearl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moynell Funeral Home 1926 Allen Av							

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

Reinhold K. Lohman

Licensed Embalmer No. 339

P. O. Address *St. Louis*

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.