

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11193
1814

FILED MAR 18 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST LOUIS MO.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ST LOUIS MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 20. Yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 1536 Papin	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY INFIRMARY				d. STREET ADDRESS (If rural, give location) 1536 Papin			
3. NAME OF DECEASED (Type or Print) s. (First) Delta b. (Middle) LEE c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) 2 . 19 . 57		5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 12 1909		9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Union County MISS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lace Duff.		13b. MOTHER'S MAIDEN NAME Ella Mae Parks		14. NAME OF HUSBAND OR WIFE Charles. A. Smith, Husband			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles A. Smith 609 Hamilton Ave			
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) Hypertensive Heart Disease		ANTECEDENT CAUSES				Unknown	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
DUE TO (c) Ac Gastro-Enteritis		II. OTHER SIGNIFICANT CONDITIONS -				2 days	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 443x	
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) _____		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 2-16, 1957 , to 2-19, 1957 , that I last saw the deceased alive on 2-18, 1957 , and that death occurred at 2:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE C. A. Smith, M.D. (Degree or title)				23b. ADDRESS 11 N Jefferson Ave		23c. DATE SIGNED 2-22-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Feb 25, 1957		24c. NAME OF CEMETERY OR CREMATORY National Crematory		24d. LOCATION (City, town, or county) (State) Jefferson Barracks MO	
DATE REC'D BY LOCAL REG. FEB 23 '57		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Porter Funeral Home. 3028 Dickson St			

30. (Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed M. Claude Good

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.