

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15292

FILED MAY - 8 1957

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4031**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **ST. LOUIS Mo**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOHN'S HOSPITAL**

e. STREET ADDRESS (If rural, give location) **2310 912 RUSSELL**

3. NAME OF DECEASED (Type or Print)  
a. (First) **JOHN** b. (Middle) **ROGER** c. (Last) **SMICK**

4. DATE OF DEATH (Month) (Day) (Year)  
**APRIL 27 1957**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **MAR. 29 1901**

9. AGE (In years last birthday) **56**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 12 HRS: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **GUARD**

10b. KIND OF BUSINESS OR INDUSTRY **McQUAY NORRIS**

11. BIRTHPLACE (City and State or Foreign Country) **ILLINOIS**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN WILLIAM**

13b. MOTHER'S MAIDEN NAME \_\_\_\_\_

14. NAME OF HUSBAND OR WIFE **VERDA O. SMICK**

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. **490-05-476**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**VERDA O. SMICK 912 RUSSELL**

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) **Cerebral stroke**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Ch of Pancreas**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**157X**

INTERVAL BETWEEN ONSET AND DEATH  
**5 months**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY?  YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **March 1956**, to **April 27, 1957**, that I last saw the deceased alive on **4-26-57**, 1957, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl Smith** (Degree or title) \_\_\_\_\_

23b. ADDRESS **W. Kings Highway**

23c. DATE SIGNED **4-27-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **APR. 30 1957**

24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_

24d. LOCATION (City, town, or county) (State) **CAPE GIRARDEAU Mo**

DATE REC'D BY LOCAL REG. **APR 29 '57**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Home 2906 Beavers**

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.....  
*Samuel C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Shaw*

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.