

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15698

State File No. \_\_\_\_\_

FILED APR 29 1957

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1038</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY OR TOWN <u>VALLEY PARK</u>			c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY OR TOWN <u>VALLEY PARK, MO</u> <u>500 MARSHALL RD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>500 MARSHALL RD.</u>				e. STREET ADDRESS (If rural, give location) <u>500 MARSHALL RD.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>EDWIN</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1957</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED? <u>WIDOWED</u>		8. DATE OF BIRTH <u>6-12-1872</u>	
9. AGE (in years last birthday) <u>84</u>		10a. USUAL OCCUPATION during last year (If retired) <u>LABORER</u>		10b. KIND OF BUSINESS (If retired) <u>GENERAL</u>		11. BIRTHPLACE (City, town, or county) <u>CALIFORNIA, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>DANIEL SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ALLEN</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE SMITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Brown</u> ADDRESS <u>500 Marshall Rd. Valley Park, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRIC CARCINOMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>WITH LIVER METASTASIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> 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) _____		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <u>7-29</u> , 19 <u>56</u> , to <u>4-17</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>56</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. J. Doulick MD</u>				23b. ADDRESS <u>601 S. Brentwood Clayton, Mo.</u>		23c. DATE SIGNED <u>4/18/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DIXON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-19-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dumble MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Name, Address) <u>Paul Home, Ballwin, Mo.</u>			

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.....  
*Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, Mo.*

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.