

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19720
Registrar's No. 1323

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|--|--|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>1323</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>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> | | | c. LENGTH OF STAY (in this place) <u>9 Days</u> | | c. CITY OR TOWN <u>Maplewood</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>Manchester Nursing Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>7360 Maple Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> | | | b. (Middle) <u>F.</u> | | c. (Last) <u>Smith</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 22nd 1957</u> |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 27th 1877</u> | |
| 9. AGE (in years last birthday) <u>79</u> | | IF UNDER 1 YEAR (Month) (Day) (Year) | | IF UNDER 2 HRS. (Hour) (Min.) | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Henry Peters</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Amelia Thomas</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Frank W. Smith</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank W. Smith</u> | | ADDRESS <u>Above</u> |
| 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) <u>CARCINOMA OF BREASTS</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | |
| | | DUE TO (b) <u>WITH METASTASIS</u> | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC MYOCARDITIS</u> | | | | | |
| 19a. DATE OF OPERATION <u>1954</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF BREAST</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u> | | 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 <u>MAY 13</u> , 19 <u>57</u> , to <u>MAY 22</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>MAY 21</u> , 19 <u>57</u> , and that death occurred at <u>9:10P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>B.R. Loving M.D.</u> | | | | | 23b. ADDRESS <u>BALLWIN, MO.</u> | | 23c. DATE SIGNED <u>5-22-57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-25-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-24-57</u> | | REGISTRAR'S SIGNATURE <u>Herbert B. Donohue</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, Maplewood, 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..... *J. Allen Davis*

Licensed Embalmer No. *48*

P. O. Address

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.