

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26570
STATE FILE NUMBER

FILED JUL 31 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6809**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Illinois b. COUNTY St. Clair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		c. CITY OR TOWN E. St. Louis	
Length of stay in lb		d. STREET ADDRESS 33 Vieuxcarre (If outside, give location)	
3. NAME OF DECEASED (Type or print) FRANCES LEVIN SMITH		4. DATE OF DEATH JULY 20th, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk.		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
13. FATHER'S NAME Louis Levin		14. MOTHER'S MAIDEN NAME Rose Slupsky	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unk.		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT David Smith 33 Vieuxcarre E. St. Louis		Address Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd + 3rd degree burns of body. DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Suffered when gasoline ignited			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO X 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) rolled into engine of gas house in East St. Louis Illinois		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 6 27 57 p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE E. St. Louis Ill		
21. I attended the deceased from _____ to _____ and last saw her/him alive on 8/2 Death occurred at 530 A m on the 9 date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or Interim) Joseph M. [Signature]		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 7/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/23/57	23c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR ADDRESS Herman Rindropf Inc. 5216 Delmar Bl.		25. DATE RECD. BY LOCAL REG. JUL 22 1957	
		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert B. Diebrouille*

Licensed Embalmer No. *36*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.