

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29097

BIRTH NO. _____		REG. DIST. NO. 910		PRIMARY REG. DIST. NO. 3058		Registrar's No. 198	
1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. LENGTH OF STAY (In this place) 30 YRS		c. CITY OR TOWN ST. CHARLES		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 ST. JOSEPH'S HOSPITAL				• STREET ADDRESS (If rural, give location) 625 So. MAIN STR. 09230			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) SILAS c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) AUG. 7, 1957				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 10, 1880		9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 77 4 27		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY NURSERY		11. BIRTHPLACE (City and State or Foreign Country) WRIGHT CITY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES SMITH		13b. MOTHER'S MAIDEN NAME JANIE HUTCHERSON		14. NAME OF HUSBAND OR WIFE MAMIE S. SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 486-14-1767		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAMIE S. SMITH, ST. CHARLES, MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					INTERVAL BETWEEN ONSET AND DEATH Sudden ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 Aug 30 , 1957, to Aug 7, 1957, that I last saw the deceased alive on Aug 7 , 1957, and that death occurred at 4 30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS St. Charles, Mo		23c. DATE SIGNED Aug 8, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 10, 1957	24c. NAME OF CEMETERY OR CREMATORY WRIGHT CITY CEM		24d. LOCATION (City, town, or county) (State) WRIGHT CITY MO.		
DATE REC'D BY LOCAL REG. Aug 10-57		REGISTRAR'S SIGNATURE Marcella Wilson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. L. Prinster, St. Charles Mo PRINSTER-HUGHES F.H. INC			

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 *Gene M. Litchman*

Licensed Embalmer No. *496*

P. O. Address *Flournoy*

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.