

FILED NOV 22 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar No.

10770

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Length of stay in lb 1 month		STREET ADDRESS (If outside, give location) 5726 Clemens		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARRIS Middle HARRIS Last SMITH				4. DATE OF DEATH Month Nov Day 11 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 30, 1876		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months II	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales			10b. KIND OF BUSINESS OR INDUSTRY Lamp Shades		11. BIRTHPLACE (City and state or country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Ashwell Smith				14. MOTHER'S MAIDEN NAME Edna Jewett				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American			16. SOCIAL SECURITY NO. 487-42-2800		17. INFORMANT Address Evanston, Ill. Katherine McNear 1017 Ridge Ct.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis arteriosclerosis, general Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis general cerebral vascular accident DUE TO (c) Cerebral vascular accident 331XH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Carcinoma skin (Bowen) Abdominal aneurysm Cystic liver							INTERVAL BETWEEN ONSET AND DEATH 15 minutes 10 yrs + 2 weeks	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 1946 to 11-11-57 and last saw him alive on 11-10-57. Death occurred at 6A: m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Fred W. Clark (Degree or title) M.D. M.D. F. W. Clark				22b. ADDRESS 864 Hamilton St. Louis 12 Mo		22c. DATE SIGNED 11-11-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Nov 13, 1957	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar				25. DATE RECD. BY LOCAL REG. NOV 12 57		26. REGISTRAR'S SIGNATURE Karl Smith M.D. mgs.		

Dr. J. Fred W. Clark  
864 Hamilton Avenue  
Parkview 1-2354  
Hours 1 to 4

*Dr. C. H. Lynton Sons  
7233 Delaware*

DEC 11 1957

EMBALMING CERTIFICATE

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 *Arnold W. Schoena*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.