

Health,
& Welfare
Public
Service

S. 300
1. 156

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46632
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3054

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY MO. b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS c. CITY OR TOWN KIRKWOOD 4713						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSP. 24 HRS. Length of stay in 1b 24 HRS.				d. STREET ADDRESS (If outside, give location) 343 S. HARRISON AV. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Florence L. Smith			First	Middle	Last	4. DATE OF DEATH 12 2 57				
5. SEX 3 FEMALE	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH FEB. 23, 1903	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR	IF UNDER 24 HRS.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID.	100. KIND OF BUSINESS OR INDUSTRY MAID.	11. BIRTHPLACE (City and state or country) NORMADY MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLIE SMITH				14. MOTHER'S MAIDEN NAME LULA DAVIS						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. NO. 492-36-4364		17. INFORMANT Address H. TURNER SMITH 1518 WITHROW						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion of coronary arteries due to Sclerotic Aortitis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sclerotic Heart Disease DUE TO (c) 023X								INTERVAL BETWEEN ONSET AND DEATH 36 hrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 12-1-57 to 12-2-57 and last saw her alive on 12-2-57 Death occurred at 12:50 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Angelo A. Speno M.D. (Degree or title)					22b. ADDRESS 601 So. Brentwood			22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12/5.57	23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM.			23d. LOCATION (City, town, or county) ST. LOUIS CO. MO.				
24. FUNERAL DIRECTOR JOHN W. HEMPHILL 408 S. FILLMORE			25. DATE RECD. BY LOCAL REG. 12-4-57		26. REGISTRAR'S SIGNATURE Herbert R. Donke MD					

KIRKWOOD 22. MO. (Licensed Embalmer's Statement on Reverse Side)

acc

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.....

Licensed Embalmer No. 44

P. O. Address 408 S. Fu

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.