Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3878

FILED JAN 17 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Louis Co Hospital DOA. — Length of stay in Hospital 38

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY 2
c. CITY OR TOWN St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2703 Barnard — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Andrew Middle Last Smith

4. DATE OF DEATH Month 1 Day 1 Year 58

5. SEX M

6. COLOR OR RACE Wht

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 1898 3-21-~~1888~~

9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unemployed

11. BIRTHPLACE (City and state or country) Star City Ark

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mark Smith

13b. MOTHER'S MAIDEN NAME Lawia

14. NAME OF HUSBAND OR WIFE WIDOWED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give dates of service) NONE

16. SOCIAL SECURITY NO. 431-07-~~69~~

17. INFORMANT Mollie Butler Address 2703 Barnard

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7954
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert R. Domke (Degree or title) 8
Herbert R. Domke, MD, Local Registrar

22b. ADDRESS 651 S. Brentwood, Clayton

22c. DATE SIGNED 1/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan 7, 1958

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) (State) St Louis County

24. FUNERAL DIRECTOR Hunn & Horne ADDRESS 215 So. Jefferson

25. DATE RECD. BY LOCAL REG. Jan 3 58

26. REGISTRAR'S SIGNATURE Herbert R Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

Jan 7 1958 #8

ac

JAN 27 1958

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 Arthur L. Hellriegel

Licensed Embalmer No. 4221

P. O. Address 3100 Eastlan Ave

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.