

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007825
State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 1793

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|---|----------------------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1793 | |
| 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, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (If in this place) 140. 14 days | | c. CITY OR TOWN St. Louis, | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Chronic Hospital | | | | e. STREET ADDRESS (If rural, give location) 2490 2913 Lemp. Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Elsie | | b. (Middle) _____ | | c. (Last) Smith. | |
| 4. DATE OF DEATH | | a. (Month) February | | b. (Day) 13, | | c. (Year) 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow. | | 8. DATE OF BIRTH 11-20-1877 | | 9. AGE (In years last birthday) 80 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Greeley, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Dr. John Gilmer | | 13b. MOTHER'S MAIDEN NAME Nancy Smith | | 14. NAME OF HUSBAND OR WIFE James (Deceased) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. ? | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada Duerr, 2913 Lemp | | | |
| 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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinomatosis | | | | INTERVAL BETWEEN ONSET AND DEATH 6 weeks. 5 mo. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) m. | | 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 January 2 19 58 , to February 13 58 , that I last saw the deceased alive on February 13 58 and that death occurred at 8:15 P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE John W. Beckham, M.D. | | | | 23b. ADDRESS 5800 Arsenal | | 23c. DATE SIGNED 2/14/58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2-15-1958 | | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | | 24d. LOCATION (City, town, or county) (State) Piedmont, Missouri | |
| DATE REC'D BY LOCAL HEALTH DEPT. FEB 14 58 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN'S, 2301 Lafayette Ave. | | | |

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 *James R. Chapman*.....
Licensed Embalmer No. *455*
P. O. Address *St. Louis, Mo.*

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.