Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016472
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3894

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: CITY-HOSPITAL — Length of stay in Hospital: 3 HR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2220 McCausland — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LOUISA Middle: Last: SMITH

4. DATE OF DEATH: Month 4 Day 7 Year 58

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5-2-1877
9. AGE (In years last birthday): 80 — 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): RETIRED HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): TENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNKNOWN MONTGOMERY
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: WALTER J SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RALPH SMITH — Address: 2220 McCausland.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fracture of Hip
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): E900.0 — 21

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Suffered an fall down steps

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of Item 18.): at home, at 2220 McCausland Avenue, on February 14th, 1958.
20c. TIME OF INJURY: Hour a.m. p.m. 2 — Month, Day, Year 2-14-58
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.): Home
20f. CITY, TOWN, OR LOCATION: St Louis Mo — COUNTY 000 — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 305 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 4/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 4-9-58
23c. NAME OF CEMETERY OR CREMATORY: OAK-HILL CEM.
23d. LOCATION (City, town, or county): ST. LOUIS Co (State): Mo

24. FUNERAL DIRECTOR: JAY B SMITH — ADDRESS: Maplewood Mo
25. DATE RECD. BY LOCAL REG.: APR 8 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.J.R.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.