

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016475
State File No.

FILED MAY 8 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4681**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis, Mo.		c. CITY OR TOWN St. Louis 2069 0	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) D.O.A.		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 St. Louis Children's Hospital, 6519 St. Louis, Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Valerie b. (Middle) Denise c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1958		
5. SEX F. 3	6. COLOR OR RACE C.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 11/21/54	9. AGE (In years last birthday) 3 yrs. 5 7	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Taylor Smith, MNM		13b. MOTHER'S MAIDEN NAME Everlena Johnson		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Toibb, 500 S. Kingshighway	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 YRS.	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA		ANTECEDENT CAUSES		DUE TO (b) MYASTHENIA GRAVIS 744.0	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Dr. J. E. Smith</i>	
ii. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<i>5/11/58</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **D.O.A. 10:00 p.m.**, 19**58**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma J. Mohlman, M.D.		23b. ADDRESS 500 S. Kingshighway ST. Louis 10 Mo.		23c. DATE SIGNED 4-28-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5/3/58		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cemetery	
24d. LOCATION (City, town, or county) (State) 6571 St. Louis Ave. County Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE HERMAN J. SMITH MORTUARY		24f. ADDRESS 4247 W. Labadie.	
DATE REC'D BY LOCAL REG. MAY 1 '58		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

regularly in St. Louis Children's Hospital Out-patient Department. Last seen 2 days ago. 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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Ald*

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.