

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020162

STATE FILE NUMBER

FILED MAY 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5000

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1.</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>5032 Delmar</b>	
3. NAME OF DECEASED (Type or print) First <b>GERTRUDE</b> Middle Last <b>SMITH</b>		4. DATE OF DEATH <b>MAY 9, 1958</b>		Month Day Year	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 4, 1882</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life when last retired) <b>Retired Const. Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Ind. Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Melvin Cannon</b>		13b. MOTHER'S MAIDEN NAME <b>Sophie Stewart</b>	
14. NAME OF HUSBAND OR WIFE <b>Eugene Smith</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>No.</b>	
17. INFORMANT <b>Mrs. Anna Leim Kuchler, 2814 So. Jeffers</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardio-Vascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 type="checkbox"/> NO <input checked="" 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.) <b>443x</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <b>4/29/58</b> to <b>5/9/58</b> and last saw her alive on <b>5/9/58</b> Death occurred at <b>2:05 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Dr. William Burch M.D.</b>		22b. ADDRESS <b>1515 LAFFLETTE AVE.</b>		22c. DATE SIGNED <b>5/9/58</b>	
23a. BURIAL, CREMATION, etc. <b>Egyptian</b>		23b. DATE <b>May 12, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St Matthews</b>	
23d. LOCATION (City, town, or county) <b>St Louis, Mo.</b>		24. FUNERAL DIRECTOR <b>Arthur J. Donnelly, 3846 Lindbergh</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 12 '58</b>	
26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		27. (Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Via

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

321110

021112

Signed *Wm L. Sallie* .....

Licensed Embalmer No. *4699*

P. O. Address *3840*

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.