

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-027451  
 Start File No.

FILED AUG 11 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7253

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.		b. COUNTY			
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 3535 Roger Pl.		e. STREET ADDRESS (If rural, give location) 2167 3535 Roger Pl.					
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Phelps c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) July 23 1958					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and State or Foreign Country) Racine Wisconsin			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John B. Smith		13b. MOTHER'S MAIDEN NAME Helen Phelps			
14. NAME OF HUSBAND OR WIFE Ann Smith		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. Unknown			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ann Smith		18. ADDRESS 3535 Roger Pl.					
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) <u>Cornary Thrombosis</u> ANTECEDENT CAUSES <u>arteriosclerosis generalis</u> 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. 420.1				INTERVAL BETWEEN ONSET AND DEATH	
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)		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 <u>June, 1956</u> , to <u>July 22, 1958</u> , that I last saw the deceased alive on <u>July 21, 1958</u> , and that death occurred at <u>4:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward H. Gibbons M.D.</u>		23b. ADDRESS <u>3606 Grand</u>		23c. DATE SIGNED <u>7-23-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 26, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>		24f. ADDRESS <u>4828 Natural Bridge Blvd. St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 23 1958</u>		REGISTRAR'S SIGNATURE <u>Calvin F. Feutz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>			
25. ADDRESS <u>4828 Natural Bridge Blvd. St. Louis Mo.</u>							

M.D.B. (Licensed Embalmer's Statement on Reverse Side)

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..... *Ralph C. Linders* .....

Licensed Embalmer No. *4275* .....

P. O. Address *St. Louis,* .....

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.