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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034714
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9134

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6842 SCANLAN — Length of stay in 1b: 13 YRS 2 39

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): 6842 SCANLAN — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: DELLA Middle: E Last: SMITH
4. DATE OF DEATH: Month 9 Day 21 Year 58
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-23-1886
9. AGE (In years last birthday): 72 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): NEWBURG Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: LUKE-BOHANNON
13b. MOTHER'S MAIDEN NAME: ELIZA-COFFEE
14. NAME OF HUSBAND OR WIFE: NORMAN J SMITH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: NORMAN J. SMITH — Address: 6842 SCANLAN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c) Diabetes Mellitus — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957 to 9/21/58 and last saw her/him alive on 9/19/58
Death occurred at 8:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh Haynes MD (Degree or title)
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 9/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 9-22-58
23c. NAME OF CEMETERY OR CREMATORY: ROACH-CEMETERY
23d. LOCATION (City, town, or county): NEWBURG (State): Mo

24. FUNERAL DIRECTOR: JAY-B-SMITH — ADDRESS: Maplewood Mo
25. DATE RECD. BY LOCAL REG.: SEP 2 1958
26. REGISTRAR'S SIGNATURE: J Carl Smith MD MD&B

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. Allen Lewis Jr.

Licensed Embalmer No. 4053

P. O. Address .....

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.