Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-034716
STATE FILE NUMBER

1958 SEP 22 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8918

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE INDIANA b. COUNTY PARKE |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN ROCKVILLE 813 — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL — Length of stay in Ib 5 WKS | d. STREET ADDRESS (If outside, give location) 33 Mc CUNE AVE — Reside on Farm Yes ☐ No ☒ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First LILLIAN Middle GLORIA Last SMITH | | | 4. DATE OF DEATH Month SEPTEMBER Day 15 Year 1958 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH AUG. 18, 1921 |
| 9. AGE (In years last birthday) 37 | 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 | 11. BIRTHPLACE (City and state or country) INDIANA | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME RAY ZIEGLER | 13b. MOTHER'S MAIDEN NAME NOT KNOWN | 14. NAME OF HUSBAND OR WIFE RICHARD E 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 R.E. SMITH | Address ROCKVILLE IND |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | ACUTE MONOCYTIC LEUKEMIA | 1½ MONTHS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | | |
| DUE TO (c) | 204.2 | |

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 ☐ NO ☒ 2

| | | |
|---|---|---|
| 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 AUG. 11, 1958, to SEPT. 15, 1958 and last saw her/him alive on SEPT. 15, 1958
Death occurred at 4:18 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE C. A. Vermillion, M. D. (Degree or title) M. D. | 22b. ADDRESS BARNES HOSPITAL | 22c. DATE SIGNED 9/16/58 |

| | | | | |
|---|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE SEPT. 16 1958 | 23c. NAME OF CEMETERY OR CREMATORY MEMORY GARDEN | 23d. LOCATION (City, town, or county) ROCKVILLE | (State) IND. |
| 24. FUNERAL DIRECTOR Chas M. Burk | ADDRESS East St. Louis see | 25. DATE RECD. BY LOCAL REG. SEP 16 58 | 26. REGISTRAR'S SIGNATURE J. Earl Smith MD | |

(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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East 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.