

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042276
State File No.

FILED DEC 9 1958

318

11389
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11389</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>01 HOSPITAL OR INSTITUTION 3024a Bell Ave</u>				e. STREET ADDRESS (If rural, give location) <u>2219 3024a Bell Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>OTHO</u>		a. (First)		b. (Middle)		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH <u>Nov 24 1958</u>		5. SEX <u>Male 3</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 2</u>	
8. DATE OF BIRTH <u>July 14 1901</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Palestine Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Lelia Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-10-2719</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lelia Smith 3024a Bell Ave</u>			
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>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 WICKS</u>	
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>Nov 1, 1958</u> , to <u>Nov 24, 1958</u> , that I last saw the deceased alive on <u>11/24, 1958</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William H. Deubler, M.D.</u>				23b. ADDRESS <u>4503 Page</u>		23c. DATE SIGNED <u>11/24/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-27-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palestine Texas</u>		24d. LOCATION (City, town, or county) (State) <u>Palestine Texas</u>	
DATE RECD BY LOCAL HEALTH DEPT. <u>NOV 25 1958</u> <u>NOV 25 58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jas H. Randle & Son 3133 Bell Ave</u>			

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

Faint, mostly illegible text at the top of the page, possibly containing identification or administrative information.

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 *Esther K. Harris*

Licensed Embalmer No. *44*
P. O. Address *4181 Was*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.