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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042578
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2825

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: ST LOUIS
c. CITY OR TOWN: LEMAY 4870 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9441 REMBOLD — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Roberteen — Middle: — Last: Smith

4. DATE OF DEATH: Month: Nov. — Day: 3. — Year: 1958

5. SEX: F 1

6. COLOR OR RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: MAY 20 1894

9. AGE (In years last birthday): 64 — 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): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (City and state or country): ST LOUIS MO 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HARRY LUNDAY

13b. MOTHER'S MAIDEN NAME: ANNA

14. NAME OF HUSBAND OR WIFE: DECEASED

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.: UNKNOWN

17. INFORMANT: ALVERA BLACKWELL — Address:

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) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized. — 10/21/58
DUE TO (c) Diabetes Mellitus. 260X — 11/3/58
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 [X] NO [ ] /

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 10-21-58 to 11-3-58 and last saw her/him alive on 11-3-58
Death occurred at 12:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Angelo A. Spero M.D.

22b. ADDRESS: 601 S. Brentwood, Clayton, Mo

22c. DATE SIGNED: 11/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 11-6-58

23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State): ST LOUIS MO

24. FUNERAL DIRECTOR — ADDRESS: FENDLER UND CO 7420 MICHIGAN

25. DATE RECD. BY LOCAL REG.: 11/5/58

26. REGISTRAR'S SIGNATURE: Herbert R Donke M.D.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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.