Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003843

STATE FILE NUMBER

FEB 10 1959 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 304

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Overland — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 9413 Romaine Ave. — Length of stay in Ib: 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Overland 426 X — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9413 Romaine Ave., — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Claude Middle: Cecil Last: Smith

4. DATE OF DEATH Month: Jan. Day: 30 Year: 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 28, 1877 **9. AGE** (In years last birthday): 81 — 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): Teacher **10b. KIND OF BUSINESS OR INDUSTRY:** R.R.Comm. School **11. BIRTHPLACE** (City and state or country): McArthur, Ohio **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: Justin Smith **13b. MOTHER'S MAIDEN NAME:** Eliza Wyman **14. NAME OF HUSBAND OR WIFE:** Sadie 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.:** 489-10-7858 **17. INFORMANT:** Sadie Smith, 9413 Romaine Ave. (Address)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis generalized — 1 yr
DUE TO (c):
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 [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 Oct 1958, to 1-30-59 and last saw ~~her~~ him alive on 1-24-59
Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D **22b. ADDRESS** 4428 Woodson Rd **22c. DATE SIGNED** 1/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 2-2-1959 **23c. NAME OF CEMETERY OR CREMATORY:** Laurel Hill Cemetery **23d. LOCATION** (City, town, or county) (State): Fagedale, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. **ADDRESS:** 2504 Woodson Rd. Overland, Mo. **25. DATE RECD. BY LOCAL REG.:** 1-31-59 **26. REGISTRAR'S SIGNATURE:** John C. Murphy M.D.

(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 David C. Gibson

Licensed Embalmer No. 3484

P. O. Address Fairlamb

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.