

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015750

STATE FILE NUMBER

2 3579

MAY 1 1959 Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. ANTHONY'S HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>4624 VARRELMAN</i>	

3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>M</i> Last <i>SMITH</i>			4. DATE OF DEATH Month <i>APRIL</i> Day <i>9</i> Year <i>1959</i>		
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>DEC 25, 1874</i>	9. AGE (In years last birthday) <i>84</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>PLUMBER</i>	11. BIRTHPLACE (City and state or country) <i>IRON MOUNTAIN, MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>MARTIN JOHN SMITH</i>	13b. MOTHER'S MAIDEN NAME <i>MARY TURNEY</i>	14. NAME OF HUSBAND OR WIFE <i>DECEASED</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT Address <i>MARTIN SMITH 4624 VARRELMAN</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic Heart Dis.</i>		<i>5 yrs</i>
	DUE TO (c) <i>Arteriosclerosis generalized</i>		<i>5 yrs</i>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>420.0</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>Jan 1, 1954</i> to <i>Apr 9, 1959</i> and last saw her alive on <i>April 9, 1959</i> Death occurred at <i>3:15 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Harold Franklin M.D.</i>	22b. ADDRESS <i>16 Hampton Valley Plaza</i>	22c. DATE SIGNED <i>4/10/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>4/13/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Co., Mo.</i>
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24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS 7027 Gravois</i>	25. DATE RECD. BY LOCAL REG. <i>APR 10 '59</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *E. P. Kidwell*

Licensed Embalmer No. *3577*

P. O. Address *7027 Francis*

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.