

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019641

STATE FILE NUMBER

2 4455

Registration District No. _____

Primary Registration District No. _____

Registrar No. _____

FILED MAY 22 1959

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3728 Garfield Ave.		d. STREET ADDRESS (If outside, give location) 3728 Garfield Ave.	
Length of stay in lb _____		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MICHAEL Middle _____ Last SMITH			4. DATE OF DEATH Month May Day 5 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 25th, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Rice O'Neil Shoe Co.	11. BIRTHPLACE (City and state or country) Hungary	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Steven Smith		13b. MOTHER'S MAIDEN NAME Catherine Smith		14. NAME OF HUSBAND OR WIFE Mrs. Julia Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-10-2666	17. INFORMANT Address Julia Smith, 3728 Garfield Ave.,		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease		5 yrs.
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0		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.) 420.0	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION St. Louis	COUNTY Missouri	STATE
21. I attended the deceased from 1954-5 to 1959 and last saw her/him alive on April 30 1959 Death occurred at 1145 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5-5-59	
22a. SIGNATURE (Degree or title) George A. Make MD		22b. ADDRESS 950 Francis Pl.	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/8/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
------------------------------------------------------------	----------------------------	---------------------------------------------------------------	----------------------------------------------------------------------------

24. FUNERAL DIRECTOR CALVIN F. FEUTZ FUNERAL HOME	ADDRESS 4828 Nat'l	25. DATE RECD. BY LOCAL REG. MAY 6 '59	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.
-------------------------------------------------------------	------------------------------	--------------------------------------------------	------------------------------------------------------

Bridge Blvd.

(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.

300
1-57
0
95

File in city

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 *John A. Miller*

Licensed Embalmer No. **4186**

P. O. Address **St. Louis** Mo.

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.