

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020031
STATE FILE NUMBER

DECEASED JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1430

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>ST. LOUIS</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>AFFTON</i>		c. CITY OR TOWN <i>AFFTON</i> <i>4860</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HENNINGER NURSING HOME</i>		d. STREET ADDRESS (If outside, give location). <i>#16 LONE ELM DRIVE</i>	
3. NAME OF DECEASED (Type or print) First <i>ANNA</i> Middle Last <i>SMITH</i>		4. DATE OF DEATH Month <i>MAY</i> Day <i>21</i> Year <i>1959</i>	
5. SEX <i>FEMALE</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>FEB 15 1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WORK AT HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>MISSOURI</i>
13a. FATHER'S NAME <i>OTTO PROEHL</i>		13b. MOTHER'S MAIDEN NAME <i>LOUISA RUDOLPH</i>	14. NAME OF HUSBAND OR WIFE <i>HARRY SMITH (DEC'D)</i>
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>NONE</i>	17. INFORMANT Address <i>MYRTLE WEEKER 16 LONE ELM DRIVE</i>
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>acute coronary occlusion</i> DUE TO (b) <i>arteriosclerotic heart disease -</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>dividual ulcer: senile compulsive state</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
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.)	
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	
21. I attended the deceased from <i>January 1959</i> to <i>May 21, 1959</i> and last saw ^{her} _{him} alive on <i>May 21, 1959</i> Death occurred at <i>7:05 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugh C. Crowell, M.D.</i>		22b. ADDRESS <i>9264 Tesson Ferry</i>	
22c. DATE SIGNED <i>5/22/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>BURIAL</i>	<i>MAY 23 1959</i>	<i>NEW ST. MARCUS</i>	<i>ST. LOUIS MO</i>
24. FUNERAL DIRECTOR <i>Thomas Kutis</i>	ADDRESS <i>2906 Grovois</i>	25. DATE RECD. BY LOCAL REG. <i>5-23-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

7:15 P.M. Fri
7-08-43
Jenny

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 Eleanor Poivine

Licensed Embalmer No. 3403
P. O. Address Jenny

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.