

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031019

FILED VS SEP 8 1959

317 Primary Registration District No. 547 Registrar's No. 2316

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON Richmond Hgts.		Length of stay in 1b DAYS	c. CITY OR TOWN UNION Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 317 SPRINGFIELD AV. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CORA Middle AMELIA Last SMITH			4. DATE OF DEATH Month AUGUST Day 26 Year 1959			
---	--	--	--	--	--	--

5. SEX FEMALE	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 JUN. 21, 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 24 HR Hours Min.
----------------------	-------------------------------	---	---------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) BERGER, MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	--	---	---

13a. FATHER'S NAME LOUIS FIESELMANN	13b. MOTHER'S MAIDEN NAME WHALIKA FRITZ	14. NAME OF HUSBAND OR WIFE P. A. 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. NONE	17. INFORMANT P. A. SMITH Address UNION, MO.
---	-------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Neoplasm		INTERVAL BETWEEN ONSET AND DEATH 7/23/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
--	---	--

20c. TIME OF INJURY Hour Month, Day, Year 7/23/59 a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <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 UNION COUNTY FRANKLIN STATE MO.
--	--	--	---

21. I attended the deceased from 7/23/59 to 8/26/59 and last saw her/him alive on 8/26/59 Death occurred at 8/27/59 m on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE Matt Moore, MD (Degree or title)	22b. ADDRESS 6376 Clayton Rd.	22c. DATE SIGNED 8/27/59
--	--------------------------------------	---------------------------------

23a. BURIAL CREMATION, RECOVERY BURIAL	23b. DATE 8-29-59	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) UNION MO. (State)
---	--------------------------	--	--

24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 8-27-59	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1959

DEC 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Pa.

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.