

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 9 1959

59-034336

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8665** STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Mo		Length of stay in 1b		c. CITY OR TOWN ST. LOUIS	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3236^a S. 13th ST.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3236^a S. 13th	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRANK Middle SMITH Last			4. DATE OF DEATH Month SEPT Day 18 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 JULY 28 1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CHARLES SMITH		13b. MOTHER'S MAIDEN NAME JULIA O'BRIEN		14. NAME OF HUSBAND OR WIFE ETHEL 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. 488-05-6825		17. INFORMANT Address ETHEL SMITH 3236^a S. 13th	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 6 months
IMMEDIATE CAUSE (a) Adenocarcinoma of bladder			
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)		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	
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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 _____ a.m. _____ p.m. Month, Day, Year _____	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	COUNTY _____ STATE _____

21. I attended the deceased from **8-1-59** to **9-18-59** and last saw him alive on **9-18-59**
Death occurred at **6:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>O J Jones</i> (Degree or title) MD		22b. ADDRESS 3616 S Belmont, St Louis		22c. DATE SIGNED 9-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT 21 1959	23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
24. FUNERAL DIRECTOR Address Thomas Kates 2906 Gravois		25. DATE RECD. BY LOCAL REG. SEP 21 59	26. REGISTRAR'S SIGNATURE <i>Frank Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OP.

1
- 3
30 P.M.
fact.

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 7906 Grove

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.