URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1688 STATE FILE NUMBER -60-008899

[redacted]

NDED

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 — Length of stay in 1b 4 years	c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5144 Lotus Ave. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 5144 Lotus Ave. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Kate Middle Last Smith		4. DATE OF DEATH Month Day Year 2-10-1960	
5. SEX Female	6. COLOR OR RACE Col.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 8-5-60
9. AGE (last birthday) 99 years	IF UNDER 1 YEAR Months Days	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 In Home	11. BIRTHPLACE (City and state or country) Warren Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Richard Edwards	13b. MOTHER'S MAIDEN NAME Nellie(Last name not known)	14. NAME OF HUSBAND OR WIFE Jermiah Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mary Morgan-5144 Lotus Ave.	

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
IMMEDIATE CAUSE (a)	Mitral Insuffieiency	10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Mitral Insufficiency	10 yrs.
DUE TO (c)	410x	

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3/10-50, to 2/10-60 and last saw her/him alive on 1/20-60

Death occurred at 2:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas E. Merriet M.D.	22b. ADDRESS 4324 A. Easton Ave.	22c. DATE SIGNED 2/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-15-1960	23c. NAME OF CEMETERY OR CREMATORY Washington Prk.Cem.
23d. LOCATION (City, town, or county) (State) Berkeley City, Mo.		
24. FUNERAL DIRECTOR Riley Undertakers	ADDRESS -3759 Finney Av.	25. DATE RECD. BY LOCAL REG. FEB 13 1960
26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Lawrence E. Wood

Signature of Student Embalmer

Licensed Embalmer No. 4341

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.