

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017546

FILED VS. MAY 6 1960

STATE FILE NUMBER

UNDE

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1403

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 16 years		c. CITY OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 643 W. Washington Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 643 W. Washington Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GLEN Middle W. Last SMITH				4. DATE OF DEATH Month April Day 27 Year 1960				
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 10/9/89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY U.S. Government Eng.		11. BIRTHPLACE (City and state or country) Midland, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Smith			13b. MOTHER'S MAIDEN NAME Alice Lawrence			14. NAME OF HUSBAND OR WIFE Lurline Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I			16. SOCIAL SECURITY NO. unk		17. INFORMANT Address Mrs. Glen W. Smith, 643 W. Washington, Kirkwood			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 year	
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		
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.) None				
20c. TIME OF INJURY Hour --- a.m. --- p.m.		Month, Day, Year			20f. CITY, TOWN, OR LOCATION COUNTY STATE ---			
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.) ---						
21. I attended the deceased from 1949 to 4-27-60 and last saw him alive on 4-27-60 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Charles C. Drace, M.D.				22b. ADDRESS 19 E. Lockwood Ave. Webster Groves 19, Missouri.			22c. DATE SIGNED 4-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/29/60	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery			23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.			
24. FUNERAL DIRECTOR ADDRESS Louis Hoff, Inc. Kirkwood, Mo.				25. DATE RECD. BY LOCAL REG. 4-29-60		24. REGISTRAR'S SIGNATURE J. C. [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Francis J. Wyland

Licensed Embalmer No. 4572

P. O. Address Kirkwood

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.