

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 15 1960

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=60-021544

INDEXED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **5720** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS Mo</b>		Length of stay in 1b		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LITTLE FLOWER CON. HOME</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>LITTLE FLOWER CON. HOME</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>CHARE</b> Middle <b>SMITH</b> Last				4. DATE OF DEATH Month <b>JUNE</b> Day <b>2</b> Year <b>1960</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 26 1882</b>		9. AGE (last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Ass't MNGR.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RICE-STIX CO</b>		11. BIRTHPLACE (City and state or country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME <b>ALMA F. SMITH</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH W. GRIMES</b>			14. NAME OF HUSBAND OR WIFE <b>JESSIE SMITH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>566-05-4313</b>		17. INFORMANT <b>WM F. SINDEL</b>			Address <b>1706 OLIVE ST.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Hyperteter</b> DUE TO (c) <b>Aterio Sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>2 years</b> <b>10 yrs</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>422.1</b>			
20c. TIME OF INJURY Hour a.m. p.m. <b>none</b>		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, <del>office</del> office bldg., etc.) <b>none</b>	
20f. CITY, TOWN, OR LOCATION <b>Mo</b>				COUNTY		STATE			
21. I attended the deceased from <b>Jan 4, 1959</b> to <b>June 2, 1960</b> and last saw him alive on <b>Feb 31, 1960</b>						Death occurred at <b>1:55 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <b>Supper Plumpo and</b>				22b. ADDRESS <b>3937 S. Howard</b>		22c. DATE SIGNED <b>June 2, 1960</b>			
23a. BURIAL, CREMATION REMOVAL (Specify) <b>CREMATION</b>		23b. DATE <b>JUNE 4 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mo CREMATORY</b>		23d. LOCATION (City, town, or county) <b>ST. LOUIS</b>		23e. STATE <b>Mo</b>	
24. FUNERAL DIRECTOR <b>Thomas Kute 2906 Gravis</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 3 1960</b>		26. REGISTRAR'S SIGNATURE <b>Road Smith, M.D.</b>			

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 gran

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.