URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-024987

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5916

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST.LOUIS,MO
Length of stay in 1b: 2Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST.LOUIS CITY HOSP. #1.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6437a Manchester
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle MICHAEL Last SMITH
4. DATE OF DEATH: Month JUNE Day 8, Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov.5,1899
9. AGE (last birthday): 60
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): Roofer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Smith
13b. MOTHER'S MAIDEN NAME: Margaret Fitzpatrick
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 12/8/22 - 8/3/22
16. SOCIAL SECURITY NO.: 497-20-5051
17. INFORMANT: Margaret Fitzgerald Address: 5446 Hodiamont

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Peritonitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Perforated duodenal ulcer

~~DUE TO~~ (c) acute renal shut-down

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5411

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 6/6/60 to 6/8/60 and last saw her/him alive on 6/8/60

Death occurred at 9:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. L. Mallard (Degree or title) M.D.
22b. ADDRESS 1515 LAFAYETTE AVE
22c. DATE SIGNED 6/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: June 10,1960
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks,Mo.

24. FUNERAL DIRECTOR: M.J.Croghan, 7146 Manchester Ave
ADDRESS: St. Louis, 17, Mo.
25. DATE RECD. BY LOCAL REG.: June 9, 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

M

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 Herbert J. Gan Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.