

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 19 1960

-60-028817

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6435**

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. ¹ Institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEWISH HOSPITAL			Length of stay in 1b 2 MOS		c. CITY OR TOWN UNIVERSITY CITY 7220 SHAFTSBURY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 7220 SHAFTSBURY (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First NAME KATHERINE Last SMUCKLER			4. DATE OF DEATH Month 6 Day 22 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-1901	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Secretary (retired)		10b. KIND OF BUSINESS OR INDUSTRY Secretarial	11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Sander Smuckler		13b. MOTHER'S MAIDEN NAME Jessie Warelman		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war <input type="checkbox"/> No <input checked="" type="checkbox"/> dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Paul Smuckler 8669 Delmar	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of Cervix DUE TO (b) Adeno Carcinoma of Cervix DUE TO (c) 171x INTERVAL BETWEEN ONSET AND DEATH 4-6 mo 4-6 mo Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
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 checked="" 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.)		
20c. NAME 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 11 PM 4/24/60 to 6/22/60 and last saw her ^{her} _{him} alive on 6/22/60 Death occurred at 11 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS 100 N Euclid		22c. DATE SIGNED 6/29/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-24-60	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		23d. LOCATION (City, town, or county) (State) Univ. City, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson			25. DATE RECD. BY LOCAL REG. JUN 24 1960		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ms

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence J. DeWitt

Licensed Embalmer No. 3988

P. O. Address _____

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.