URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

-60-031110
STATE FILE NUMBER

ENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL - MERAMEC
Length of stay in 1b: 2 Mo 22 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPH'S AREA INFIRMARY ~~Reverend Lawrence Smith~~ S.J.
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: REVEREND Middle: LAWRENCE W. Last: SMITH S.J.
4. DATE OF DEATH: Month: AUGUST Day: 21 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MARCH 24 1890
9. AGE (last birthday): 70
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): RETIRED - PRIEST
10b. KIND OF BUSINESS OR INDUSTRY: ST. LOUIS UNIVERSITY
11. BIRTHPLACE (City and state or country): SHERMAN, TEXAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CECIL H. SMITH
13b. MOTHER'S MAIDEN NAME: MARY WADE
14. NAME OF HUSBAND OR WIFE: SINGLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Bro. Rich Address: St. Joseph's Area Infirmary Exper.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): congestive heart failure
DUE TO (c): Recent coronary occlusion
Arteriosclerotic hypertensive cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH: 1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknov

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 8/29/60 to 8/21/60 and last saw her/him alive on 8/18/60
Death occurred at 3.15 pm 8/21/60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick C. Hogan (Degree or title) SJ
22b. ADDRESS: 2623 Telegraph Rd Ferguson Mo
22c. DATE SIGNED: 8/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 24. 1960
23c. NAME OF CEMETERY OR CREMATORY: St. Stanislaus Seminary
23d. LOCATION (City, town, or county) (State): Florissant, Mo
24. FUNERAL DIRECTOR: Arthur J. Donnelly ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: 8-24-60
26. REGISTRAR'S SIGNATURE: Robert C. Bauer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS SEP 6 - 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4699

P. O. Address 3840

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