

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS MO		a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1.</b>		c. CITY OR TOWN <i>Hanley Hills</i>	
Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>7440 Balfour.</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>AMY</b> Middle <b>LUTIE</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>12,</b> Year <b>1960</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>6-5-1873</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>LEBANON KY</b>	
10c. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>HARRISON WASHBURN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY WILSON</b>	
13c. NAME OF HUSBAND OR WIFE <b>JAMES M. SMITH</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-182150B</b>	
17. INFORMANT <b>HAROLD SWINGLE</b>		17. ADDRESS <b>7440 BALFOUR HANLEY HILLS</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>GANGRENE OF SMALL BOWEL</b>		<b>3 wks</b>
DUE TO (b) <b>INTESTINAL OBSTRUCTION</b>		<b>3 1/2 wks</b>
DUE TO (c) <b>570.2</b>		
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. TIME 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 **11/18/60** to **12/12/60** and last saw her/him alive on **12/12/60**  
 Death occurred at **8:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Gene F. Levy M.D.</i>	22b. ADDRESS <b>1515 LAFAYETTE AVE</b>	22c. DATE SIGNED <b>12/12/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>12-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HAZEL WOOD CEM</b>	23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD MO</b>
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24. FUNERAL DIRECTOR <b>ORTMANN F HOME OVERLAND MO</b>	25. DATE RECD. BY LOCAL REG. <b>DEC 12 1960</b>	26. REGISTRAR'S SIGNATURE <i>Gene F. Levy M.D.</i>
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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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al C. Putman

Licensed Embalmer No. 347

P. O. Address \_\_\_\_\_

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