

VS JAN 16 1961
AMENDED

XC 222522 SL 24502

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 97

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Length of stay in 1b 17 DAYS | c. CITY OR TOWN ST. JAMES |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) BANKS STATION |
| 3. NAME OF DECEASED (Type or print) First Middle Last LEONARD SMITH | | | 4. DATE OF DEATH Month Day Year JANUARY 4, 1961 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-14-94 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AID | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 66 |
| 11. BIRTHPLACE (City and state or country) CHAMMOIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME BOLEY SMITH | | 13b. MOTHER'S MAIDEN NAME MARY OWENS | 14. NAME OF HUSBAND OR WIFE LENA E. SMITH |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI | | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT LENA SMITH, BANKS STATION, ST. JAMES, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STAPHYLOCOCCAL SEPTICEMIA DUE TO (b) ABSCESS OF LEFT BUCCAL MUCOSA AND MANDIBLE DUE TO (c) 538x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RHEUMATOID ARTHRITIS | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year p.m. | | 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 12-18-60 to 1-4-61 and last saw him alive on 1-4-61 Death occurred at 7:35 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE ROBERT D. PUTZIGER, M.D. | | 22b. ADDRESS VAH, ST. LOUIS, MISSOURI | 22c. DATE SIGNED 1/4/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 1-5-61 | 23c. NAME OF CEMETERY OR CREMATORY St. James, Mo | 23d. LOCATION (City, town, or county) (State) St. James, Mo |
| 24. FUNERAL DIRECTOR Edw. Fendler Mortuary-5611 So. Grand | | 25. DATE RECD. BY LOCAL REG. JAN 5 1961 | 26. REGISTRAR'S SIGNATURE Lena Smith, M.D. |

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 George W Davolt

Licensed Embalmer No. 4799

P. O. Address St. Louis Mo

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.