

318

1003

4496

-61-019494

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

AMENDED

FILED MAY 19 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>8 days</i>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Baptist Hosp</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5970 Latus</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Nannie H. Smith</i>				4. DATE OF DEATH Month Day Year <i>5/10/61</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>5/1/1880</i>	9. AGE (last birthday) <i>81</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Thomas Fitzgerald</i>			13b. MOTHER'S MAIDEN NAME <i>Mary O'Connell</i>		14. NAME OF HUSBAND OR WIFE <i>Michael J.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>_____</i>		17. INFORMANT Address <i>Miss Geraldine Smith 5970 Latus</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>7 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>O.K. Dr. Paul J. Sarno Deputy Coroner 5/11/61</i>			DUE TO (b)		DUE TO (c) <i>332 x F</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture left hip - Diabetes Mellitus</i>						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 checked="" 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.) <i>Fell at home</i>				
20c. TIME OF INJURY Hour a.m. p.m. <i>5-3-61</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>		COUNTY <i>Mo.</i>
21. I attended the deceased from <i>5/3/61</i> to <i>5/10/61</i> and last saw her/him alive on <i>5/10/61</i> Death occurred at <i>11 p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Wm. W. Hayes M.D.</i>				22b. ADDRESS <i>1506 Hadamant</i>		22c. DATE SIGNED <i>5/11/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5/13/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		STATE
24. FUNERAL DIRECTOR ADDRESS <i>Jos. A. Howard 1619 So. Grand</i>				25. DATE RECD. BY LOCAL REG. <i>MAY 12 1961</i>		26. REGISTRAR'S SIGNATURE <i>Lois Smith M.D.</i>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Elmo R. Gadwell

Licensed Embalmer No. 4077

P. O. Address St Louis

**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.