SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-019945
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1499

FILED JUN 6 1961

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON
Length of stay in 1b HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITAL
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO
b. COUNTY ST LOUIS
c. CITY OR TOWN OVERLAND
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2504 SPENCER
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: David Middle: E Last: Smith
4. DATE OF DEATH Month: 5 Day: 27 Year: 61
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-27-1875
9. AGE (last birthday) 86
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
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN GORDON SMITH
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE HATTIE SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT HATTIE SMITH Address 2504 SPENCER

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) Acute myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Recent thrombosis (R) circumflex
DUE TO (c) Coronary arteriosclerosis
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)
Pulmonary edema and ? pulmonary infarct
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 5-27-61, to 5-27-61 and last saw her/him alive on 5-27-61
Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Albert L Howe (Degree or title) MD
22b. ADDRESS 6015 So. Brentwood Clayton Mo.
22c. DATE SIGNED 5/28/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-31-61
23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery
23d. LOCATION (City, town, or county) (State) ST LOUIS Co. MO
24. FUNERAL DIRECTOR Earl Lillemann ADDRESS Overland MO
25. DATE RECD. BY LOCAL REG. 5-29-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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