

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023599

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1752

<p>FILED JUL 5 1961</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>ST. LOUIS</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MISSOURI</u> COUNTY <u>ST. LOUIS</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u></p> <p>Length of stay in lb</p>		<p>c. CITY OR TOWN <u>CLAYTON</u></p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u></p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>650 W. POLO DRIVE</u></p> <p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last</p> <p><u>FRANK H SMITH</u></p>			<p>4. DATE OF DEATH Month Day Year</p> <p><u>6-22-1961</u></p>
<p>5. SEX</p> <p><u>male</u></p>	<p>6. COLOR OR RACE</p> <p><u>white</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH</p> <p><u>3-2-1902</u></p>
<p>9. AGE (last birthday)</p> <p><u>59</u></p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p> <p><u>Real Estate Broker</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country)</p> <p><u>Brooklyn New York</u></p>
<p>12. CITIZEN OF WHAT COUNTRY</p> <p><u>U.S.A.</u></p>		<p>13a. FATHER'S NAME</p> <p><u>Frank Smith</u></p>	
<p>13b. MOTHER'S MAIDEN NAME</p> <p><u>unknown</u></p>		<p>14. NAME OF HUSBAND OR WIFE</p> <p><u>Jane Smith</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p> <p><u>no none</u></p>		<p>16. SOCIAL SECURITY NO.</p> <p><u>yes</u></p>	<p>17. INFORMANT Address</p> <p><u>Jane Smith 650 West Polo Drive.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Respiratory depression</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) <u>Ingestion of excessive amount of barbiturates</u></p> <p>DUE TO (c) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p><u>Intentional ingestion of overdose of barbiturates</u></p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year</p> <p><u>12:45 p.m. 6/22/61</u></p> <p><u>subject found</u></p>		<p>20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p><u>bedroom of home</u></p>	
<p>20e. CITY, TOWN, OR LOCATION</p> <p><u>Clayton</u></p>		<p>COUNTY</p> <p><u>St. Louis</u></p>	<p>STATE</p> <p><u>Missouri</u></p>
<p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title)</p> <p><u>Raymond H. Harris</u> Coroner</p>		<p>22b. ADDRESS</p> <p><u>Clayton, Mo.</u></p>	<p>22c. DATE SIGNED</p> <p><u>6/27/61</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify)</p> <p><u>Cremation</u></p>	<p>23b. DATE</p> <p><u>6-24-1961</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY</p> <p><u>Oak Grove Crematory</u></p>	<p>23d. LOCATION (City, town, or county) (State)</p> <p><u>St. Louis County Missouri.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS</p> <p><u>C.R. Lupton & Sons; 7233 Delmar Blvd</u></p>		<p>25. DATE RECD. BY LOCAL REG.</p> <p><u>6-23-61</u></p>	<p>26. REGISTRAR'S SIGNATURE</p> <p><u>J. E. Murphy M.D.</u></p>

DATE AMENDED

INSTEAD OF

DOCUMENT

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 Clarence A. Murray

Licensed Embalmer No. 4011
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.