

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2927 -62-013210  
STATE FILE NUMBER

318 1003  
Primary Registration District No.

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318  
FILED MAR 26 1962

Primary Registration District No. 1003

Registrar's No. 2927

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Sparta,</b>	
Length of stay in 1b <b>9 days</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis-Little Rock Hospitals, Inc.</b>		d. STREET ADDRESS (If outside, give location) <b>705 North St. Louis</b>	
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>- -</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>March</b> Day <b>14,</b> Year <b>1962.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 20, 1883</b>
9. AGE (last birthday) <b>78 yrs.</b>		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) <b>Conductor, Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Alto Pass, Illinois.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Louis Smith</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Mary-Elizabeth</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>Nil.</b>	
17. INFORMANT <b>Mary Elizabeth Smith, Sparta, Illinois.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY EMBOLUS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 HR</b>
DUE TO (b) <b>UNKNOWN CAUSE</b>			
DUE TO (c) <b>465X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>POST OPERATIVE STATUS - GASTRECTOMY -</b>			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 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 Month, Day, Year a.m. 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 <b>Feb. 5, 1962</b> to <b>Mar. 14, 1962</b> and last saw <sup>her</sup> him alive on <b>Mar. 14, 1962.</b> Death occurred at <b>8:45 P.M.,</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Alvz Saffner M.D.</b>		22b. ADDRESS <b>1755 So. Grand Blvd.,</b>	
22c. DATE SIGNED <b>15 MAR 62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-17-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Caledonia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sparta, Illinois</b>
24. FUNERAL DIRECTOR <b>Lynn funeral Home</b>		25. DATE REGD. BY LOCAL REG. <b>MAR 16 1962</b>	
ADDRESS <b>Sparta, Illinois</b>		26. REGISTRAR'S SIGNATURE <b>Leon Smith, M.D.</b>	

**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 Harry E. Monroe

Licensed Embalmer No. 4495

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.