

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025208

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5524 STATE FILE NUMBER

FILED JUL 2 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |                                  | c. CITY OR TOWN <b>St. Louis</b>  |  |
| Length of stay in 1b   |                                  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>3821 No. 11th St.</b>   |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Oscar</b> Middle <b>Alvin</b> Last <b>Smith</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>29</b> Year <b>1962</b>  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/23/1902</b>   |
| 9. AGE (last birthday)<br><b>59</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Mechanic</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Arkansas</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>  |  |
| 13a. FATHER'S NAME<br><b>David Clinton Smith</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Christian Hyde</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Edith Harris Smith</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW II</b>                             |  |
| 16. INFORMANT<br><b>Bill Kent, Rt. 1-Box 1308, Gr. City, Ill.</b>  |                                  | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary insufficiency.</b><br>DUE TO (b) _____<br>DUE TO (c) <b>420.1</b>                        |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |                                  | 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>5/12/62</b> to <b>5/29/62</b> and last saw him live on <b>5/25/62</b> .<br>Death occurred at <b>5:55 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>W.W. Bowers, M.D.</b>   |                                  | 22b. ADDRESS<br><b>1820 Belmont, Granite City, Ill.</b>   |  |
| 22c. DATE SIGNED<br><b>6/14/62</b>   |                                  | 23. LOCATION (City, town, or county) (State)<br><b>Greene Co. Ark.</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 23b. DATE<br><b>6/1/62</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Liberty Cemetery</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Greene Co. Ark.</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>June 1, 1962</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>   |                                  |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

JUL 13 1962

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 Harvey Kahle

Licensed Embalmer No. 4596

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.