

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009930

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 428 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 5 1963

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND HEIGHTS Length of stay in 1b 1 Day
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN BELNOR Neighbors Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2810 Gainesboro Ct. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
FRANK ALBERT SMITH
4. DATE OF DEATH Month Day Year
February 5, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 12/5/1894 9. AGE (last birthday) 68 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) Store Owner 10b. KIND OF BUSINESS OR INDUSTRY Grocery 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank Smith 13b. MOTHER'S MAIDEN NAME Caroline Sergel 14. NAME OF DECEASED'S WIFE Emma Lohrum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes W.W.I 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Emma Smith, 2810 Gainesboro Ct.

18. CAUSE OF DEATH (Enter only one cause of death)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Emphysema 10 yrs
DUE TO (c) _____
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.
 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 Month, Day, Year a.m. p.m.
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 June 1960 to Feb 6, 1963 and last saw him alive on Feb 6, 1963
Death occurred at 10:45 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. McLean 22b. ADDRESS ST LOUIS, MO. 22c. DATE SIGNED 2/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT 23b. DATE 2/8/63 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY, INC. 5967 W. Florissant 25. DATE RECD. BY LOCAL REG. 2-7-63 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 Wilfrid J. Burchko

Licensed Embalmer No. 4557

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.