

124

74 206257

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

FILED

AUG 8 1974

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 11/72

7b-c. 3875

7d. 10240

8. 29

14a. 29

14b. 510

14c-d. 38751

14e. 155

23. 0025854

26a.

18-U. 450X

18-S.1.

18-S.2.

20a-f.

20g-St.

20g-Co.

20g-Cy.

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. GEORGE						SMITH		2. M.	3. 7-27-74	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. WHITE		5a. 76		5b. 76		5c. 76		6. JUNE 4, 1898		7a.
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. ST. LOUIS		7c. YES		7d. ST. ANTHONY'S HOSP.						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Mo.		9. U.S.A.		10. MARRIED		11. EDITH LEAVITT				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
12. 492-03-3457		13a. SECURITY GUARD		13b.						
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP		STREET AND NUMBER
14a. Mo		14b.		14c. ST. LOUIS		14d. YES		14e.		14f. 547 EILER
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. BRUCE						SMITH		16. GRACE		GOODRICH
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17a. EDITH R. SMITH		17b. 547 EILER ST. ST. LOUIS Mo. 18								
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
18. Culmonary Embolism, Massive Pulm 2 min										
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b)		DUE TO, OR AS A CONSEQUENCE OF:						
		(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
Enterobacteriaceae Hemorrhagic Shocker		19a. YES		19b.						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.		20c.		20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS				
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 9-6-68		21b. 7-27-74		21c. 7-27-74		21d. NO		21e. 10:55		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH DAY YEAR		HOUR		
22a.		22b.		22c.		22d.		22e.		
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. D.E. Beckman, M.D.		23b. 25854		23c. [Signature]		23d. 7-29-74				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23e. 4205 Virginia Ave.		23f. St. Louis,		23g. Mo. 63111		23h.		23i.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE		
24a. Removal		24b. Sunset Burial Park		24c. St. Louis Co. Mo.		24d.		24e.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. 7-31-1974		24e. KUTIS FUNERAL HOME 2906 GRAVOLA ST. ST. LOUIS Mo. (18)		24f.		24g.		24h.		
FUNERAL DIRECTOR—SIGNATURE		REG. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. Thomas Kutis		25b. 25101		25c. [Signature]		25d. JUL 31 1974				

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 J. A. Humphrey

Licensed Embalmer No. 4772

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.