

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17893

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3063	Registrar's No. 969
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Clayton		a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis County Mo		b. COUNTY		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp				
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Zester		b. (Middle) Smith		c. (Last)
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/5/1903		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months
11. IF UNDER 1 YEAR Days		12. IF UNDER 14 HRS. Hours		Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hambrug, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Willie Smith		13b. MOTHER'S MAIDEN NAME Lucy Judy		14. NAME OF HUSBAND OR WIFE Della Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Jackson, 2404 N. Taylor Ave
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES		Several days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) Hypertensive cardiovascular disease		Several years
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION HU3X1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-14, 1949, to 4-16, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:25 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Joseph A. Zalzone, MD.		23b. ADDRESS Clayton Mo. 601 So. Brentwood		23c. DATE SIGNED 4/16/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/21/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem
24d. LOCATION (City, town, or county) St. Louis, County, Mo.				
DATE REC'D BY LOCAL REG. 4-21-49		REGISTRAR'S SIGNATURE Thimble Lunge MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 41067 Finney Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
2
3

STATEMENT BY LICENSED EMBALMER

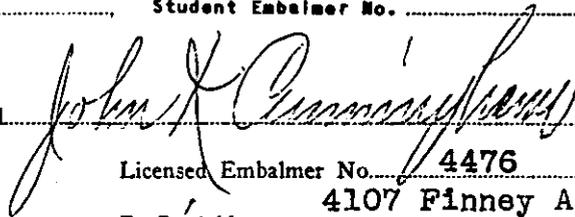
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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 this body is not embalmed, fact should be so stated above.