

FILED JUL 5 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21701

State File No.

5501

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST LOUIS MO.</u>		c. LENGTH OF STAY (in this place) <u>5 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FESTUS, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEOPLES HOSPT. ST LOUIS, MO.</u>				STREET ADDRESS (If rural, give location) <u>474 1/2 GLASS ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> b. (Middle) <u>E</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21 1949</u>				
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>21 June 1889</u>	9. AGE (In years last birthday) <u>59</u>	if UNDER 1 YEAR Months <u>11</u> Days <u>0</u>	if UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>FESTUS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANTHONY BARNES</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA BOYCE</u>		14. NAME OF HUSBAND OR WIFE <u>WESLEY SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Long Festus Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES <u>Gangrene of Right leg - amputation</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of Right leg</u>		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) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>21.9 X</u>			
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> to <u>June 21, 1949</u> , that I last saw the deceased alive on <u>June 21, 1949</u> , and that death occurred at <u>5:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter A. Young</u> (Degree or title) _____				23b. ADDRESS <u>2337 Market</u>		23c. DATE SIGNED <u>6/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>27 JUNE 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CRUSTAL CITY</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Georgetown R. T. Little</u>		ADDRESS <u>Crustal City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Re-9124

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.....

working under my personal supervision.

Student Embalmer No.....

Signed LeRoy R. Tolette

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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 this body is not embalmed, fact should be so stated above.