

No. 300  
10-48

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32461

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2150

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>University City</b> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>University City</b> )	
c. LENGTH OF STAY (Specify) <b>12 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>724 Syracuse</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>724 Syracuse</b>			

3. NAME OF DECEASED a. (First) <b>MIRIAM</b>		b. (Middle)		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8 1949</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 16 1949</b>	
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) <b>London England</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY					

13a. FATHER'S NAME <b>Paul Percival</b>		13b. MOTHER'S MAIDEN NAME <b>annah Kosminsky</b>		14. NAME OF HUSBAND OR WIFE <b>Henry I.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Henry I. Smith</b>	
				ADDRESS <b>724 Syracuse</b>	

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) <b>Carcinoma of rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 mos.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <b>Pelvic metastasis</b>		<b>154X</b>	

19a. DATE OF OPERATION <b>6-4-48</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma as above</b>		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 May 29, 1948 to Sept. 8, 1949, that I last saw the deceased alive on 9-8, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jessie Johnson M.D.</b> (Degree or title)		23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>9-9-49</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Burial</b>		24b. DATE <b>9/11/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'nai Amoona</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	

DATE REC'D BY LOCAL REG. <b>9-10-49</b>		REGISTRAR'S SIGNATURE <b>Hedwigt R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>	
				ADDRESS <b>4715 Mc:herson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

*Lewis L. Ludwig*

Licensed Embalmer No. *82297*

P. O. Address \_\_\_\_\_

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.