

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6076 State File No. 39824

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 4388

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY OR TOWN <u>Manchester Mo</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Richmond Hts Mo</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (in this place) <u>16 Days</u>		d. STREET ADDRESS <u>7434 Hoover Ave</u> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lin Crest Nursing Home</u>			
3. NAME OF DECEASED a. (First) <u>THOMAS</u> (Type or Print)		b. (Middle) <u>SMITH</u> c. (Last)	
4. DATE OF DEATH <u>Nov 11 - 1949</u> (Month) (Day) (Year)		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Mar 17 - 1851</u>		9. AGE (In years last birthday) <u>98</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>25</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Catherine Smith Deacon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs C. Miller</u> ADDRESS <u>7434 Hoover Ave</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>central fever</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)	
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 <u>Nov 7, 1949</u> , to <u>Nov 11, 1949</u> , that I last saw the deceased alive on <u>Nov 11, 1949</u> , and that death occurred at <u>9:30 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>A.T. Walker M.D.</u> (Degree or title)		23b. ADDRESS <u>3107 George</u>	
23c. DATE SIGNED <u>11-12-49</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>Nov 14 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		DATE REC'D BY LOCAL REG. <u>11-12-49</u>	
REGISTRAR'S SIGNATURE <u>Herbert A. W. S. M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Dockeys</u>	
ADDRESS _____		ADDRESS <u>36 Clayton Rd</u>	

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

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

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.