

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1950

State File No. 42974

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11190

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 17 1/4	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3133 Thomas Street		d. STREET ADDRESS (If rural, give location) 3133 Thomas Street	
3. NAME OF DECEASED a. (First) Jennie b. (Middle) Smith c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Dec 26th 1949
5. SEX Female 3	6. COLOR OR RACE col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH July 1st 1881
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) Greenville S.C.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Benjamin Simms		13b. MOTHER'S MAIDEN NAME Lucy Holloway	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Charlotte Wardell 3133 Thomas St
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Interstitial Nephritis</i> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) St. Louis Mo			
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? 592X			
22. I hereby certify that I attended the deceased from July 10, 1949, to Dec-26, 1949, that I last saw the deceased alive on Dec-26, 1949, and that death occurred at 5:50 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Dr Edward Bell () M.D.		23b. ADDRESS 2901 1/2 Lockwood Ave. St. Louis, Mo.	
23c. DATE SIGNED 12-27-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 30th 1949	
24c. NAME OF CEMETERY OR CREMATORY St. Peters		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 28 1949 J. B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son 3133 Bell Avenue	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *2498*

P. O. Address *2769 Chantrell*

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.