

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25296

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6177

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5745 ENRIGHT AVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2059</u>	
3. NAME OF DECEASED (Type or Print) <u>JESSIE V.</u>		d. STREET ADDRESS (If rural, give location) <u>5745 ENRIGHT AVE</u>	
a. (First)		b. (Middle)	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 4-1890</u>	
9. AGE (In years last birthday) <u>60</u>		10. CITIZEN OF WHAT COUNTRY? <u>OHIO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>	
13a. FATHER'S NAME <u>SCOTT SHETLER</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA BASH</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
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.		14. NAME OF HUSBAND OR WIFE <u>GLARE C. SMITH</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clare C. Smith - 5745 Enright Ave.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (Min.) <u>4:20 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H.S.D.</u>	
22. I hereby certify that I attended the deceased from <u>JUNE 28, 1948</u> to <u>JULY 17, 1950</u> , that I last saw the deceased alive on <u>JULY 8, 1950</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry C. Bolner M.D.</u>		23b. ADDRESS <u>315 University Club Bldg. St. Louis</u>	
23c. DATE SIGNED <u>7/19/50</u>		24. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JULY 19-1950</u>	
24c. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co., Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Mullen 1142 E. Delmar St. 5165</u>	
DATE REC'D BY LOCAL REG. <u>JUL 18 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>	

**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 *H. J. Farris*.....

Licensed Embalmer No. *3384*.....

P. O. Address *St. Louis*.....

**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.