

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21443**
Registrar's No. **5613**

FILED JUN 29 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1009		Registrar's No. 5613		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2059				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 6110 Etzel Ave., 8				
3. NAME OF DECEASED (Type or Print) a. (First) Mae b. (Middle) E. c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1951.					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Don't Know - abt 84		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John Smith			13b. MOTHER'S MAIDEN NAME Mary Smith			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. None		17. INFORMANT'S SIGNATURE OR NAME Louis Smiyh ADDRESS 3111 Keokuk St.,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cardiac Hemorrhage				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES 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. Fracture - Left Hip			INTERVAL BETWEEN ONSET AND DEATH 1 Day	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (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) May 28, 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P.M. from the causes and on the date stated above.								
23a. SIGNATURE J. C. Middleton				23b. ADDRESS 462 N. Taylor		23c. DATE SIGNED 6/21/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 1951.		24c. NAME OF CEMETERY OR CREMATORY Vallahalla Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL JUN 21 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,				

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

462 N. Tarrytown
De. 9656.
12-2 P.M. Home.
1 to 2 P.M.

was
green

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

John J. Haines

Licensed Embalmer No. *4108*

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.