

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 35623  
9178

FILED NOV 2 1951

318

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>City</b>	c. LENGTH OF STAY (in this place) <b>5 Yr. 6 Mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>		e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kate</b> b. (Middle) c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10- 11- 1951.</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Apr. 15, 1876</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>		

13a. FATHER'S NAME <b>Frank Dunay (Bocherst)</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>		14. NAME OF HUSBAND OR WIFE <b>John Smith</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>City Infirmary Records.</b>		ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH  <b>Years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(inoperable)</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 checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>156K</b>	

22. I hereby certify that I attended the deceased from **7-11-51**, 19 **51**, to **10-11-51**, 19 **51**, that I last saw the deceased alive on **10-11-51**, 19 **51**, and that death occurred at **3:00p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George Oster, M.D.</b>		23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED	
---	--	---	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10-11-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CANARY</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>	
---	--	------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>10/17/51</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cyrena Kelly</b>		ADDRESS <b>386 Linden</b>	
--	--	---	--	---	--	------------------------------	--

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 \_\_\_\_\_

Students of Mortuary College Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed James G. Lammers

Licensed Embalmer No. 4142

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.