

No. 300 FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40140

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3760

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights	
c. LENGTH OF STAY (In this place) 12 yrs		d. STREET ADDRESS (If rural, give location) 1331 Moorlands	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1331 Moorlands Dr			

3. NAME OF DECEASED (Type or Print) a. (First) Jennie		b. (Middle) E		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Nov 19, 1951							
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Aug 16, 1862		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Mo				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME James Coughlin			13b. MOTHER'S MAIDEN NAME Elizabeth Bronw			14. NAME OF HUSBAND OR WIFE Thomas J Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas B Smith 1331 Moorlands Dr		

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor. Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 5-10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis						15-20 yrs	
		DUE TO (c) Senility							
		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 9821				20. AUTOPSY? YES <input 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., sea.)		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 **16-Nov, 1951**, to **19-Nov, 1951**, that I last saw the deceased alive on **16-Nov, 1951**, and that death occurred at **3:40 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm B Bell		23b. ADDRESS M W 4501 Manchester		23c. DATE SIGNED 20/Nov/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/51		24c. NAME OF CEMETERY OR CREMATORY Galvany Cemetery	
				24d. LOCATION (City, town, or county) (State) St Louis Mo.	

DATE REC'D BY LOCAL REG. 11-20-51		REGISTRAR'S SIGNATURE Herbert R. Wankel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois	
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(Licensed Embalmers' Department on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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, *Neville B. Frohwitter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address. *7027 Gravois*

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.