

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3337**  
Registrar's No. **0155**

FILED FEB 8 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1000**

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>9131 Wayne Dr.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			
3. NAME OF DECEASED a. (First) <b>FRANCES</b> (Type or Print)		b. (Middle) <b>C.</b>	
c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 5 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Feb. 12, 1886</b>
9. AGE (In years last birthday) <b>65</b>		10. MONTHS <b>6</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee of Fred Harvey Restaurants</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Spencer County, Ind.</b>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George Conrad</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Biegeler</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles M. Smith</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>T.L. Formhals</b>		ADDRESS <b>9131 Wayne Dr.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>In of skull; Brain injury</b> INTERVAL BETWEEN ONSET AND DEATH <b>supposed when struck by Public Service Bus operated by one Chas Krause at intersection of 2nd and Market Sts.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>about 559 am Jan 5 1952</b>		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 <b>noo Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUBJECT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 5 52 5pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>281257</b> <b>25</b>			
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 <b>8:31 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Catrick E. Taylor, Owner</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>1.7.52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 9, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 7 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauer</b>		ADDRESS <b>4228 S. Kingshighway Bl.</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *William B White*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4291*.....

P. O. Address.....

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.