No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3338

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0943

0

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEACONESS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2107
d. STREET ADDRESS (If rural, give location): 10 3812 LABADIE AVE 0

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): J.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): 1-31-52

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 9-28-1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOISTING ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): INDIANAPOLIS IND 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Geo SMITH
13b. MOTHER'S MAIDEN NAME: Theresa DOWNING
14. NAME OF HUSBAND OR WIFE: EDNA SMITH

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.: 497-01-7466
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Edna Smith 3812 Labadie

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular Fibrillation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
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): 0 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* June, 1946, *to* 30 Jan, 1952, *that I last saw the deceased alive on* 30 Jan, 1952, *and that death occurred at* 2:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Echterhoff M.D.
23b. ADDRESS: 634 No. Grand
23c. DATE SIGNED: 1/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL E
24b. DATE: 2-1-52
24c. NAME OF CEMETERY OR CREMATORY: DODGE GROVE CEM
24d. LOCATION (City, town, or county) (State): MATTOON, ILLINOIS

DATE REC'D BY LOCAL REG.: JAN 31 1952
REGISTRAR'S SIGNATURE: Carl Smith, MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: A. Krow L & U. Co 2707 N Grand

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietrich

Signed.....
Student Embalmer

Licensed Embalmer No. 4329

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.