

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10845

State File No. ....

FILED MAR 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 551

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>		c. LENGTH OF STAY (In this place) <u>years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7218 Pershing Avenue,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u> <u>4346</u>	
		d. STREET ADDRESS (If rural, give location) <u>7218 Pershing Avenue,</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELOISE</u>	b. (Middle) <u>HARELSON</u>	c. (Last) <u>SMITH.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb'y 28, 1952.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Nov 7, 1896.</u>	9. AGE (In years last birthday) <u>55.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Broker.. Charles L. Crane Agency.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis, Missouri.</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Harelson.</u>	13b. MOTHER'S MAIDEN NAME <u>Rowena Hull.</u>	14. NAME OF HUSBAND OR WIFE <u>E. F. Ned Smith.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clark S. Smith,</u> ADDRESS <u>219 So. Old Orchard Ave,</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>10 years?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Pulmonary Tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <u>002X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-13, 1948 to 2-28, 1952 that I last saw the deceased alive on 2-10, 1952 and that death occurred at 3:58m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Murphy, M.D.</u> (Degree or title)	23b. ADDRESS <u>508 N. Grand</u>	23c. DATE SIGNED <u>2-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>Mch 1, 1952.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery..</u>	24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Road,</u>
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DATE REC'D BY LOCAL REG. <u>2-28-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton &amp; Sons,</u> ADDRESS <u>7233 Delmar Blv'd.,</u>
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sw (Licensed Embalmer's Statement on Reverse Side)

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

006  
1

LU: 6/17.  
Hrs: 2 - 4 P.M.  
Res: 3842 Flora Place.  
PR: 3495

Sat 16

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 Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

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.