

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14718**
REGISTRAR'S No. **3345**

FILED APR 25 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S No. _____	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2184			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 4324 Clayton Ave.			
3. NAME OF DECEASED (Type or Print) SAMANTHA		a. (First)		b. (Middle)		c. (Last)	
						4. DATE OF DEATH (Month) (Day) (Year) APRIL 8, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 3, 1978	
						9. AGE (In years last birthday) 74 # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Dalton, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jack Upshaw			13b. MOTHER'S MAIDEN NAME Lydia Rice			14. NAME OF HUSBAND OR WIFE Joseph H.	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Robinett, 4324 Clayton Ave.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDIASTINITIS ANTECEDENT CAUSES DUE TO (b) PERFORATION OF ESOPHAGUS DUE TO (c) ESOPHAGOSCOPY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIAPHRAGMATIC HERNIA				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 3/28/52		19b. MAJOR FINDINGS OF OPERATION PERFORATION OF ESOPHAGUS (CRICOPHARYNGEAS MUSCLE)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? Asphyxiation			
22. I hereby certify that I attended the deceased from 3-15-52 , 19___, to 4-8-52 , 19___, that I last saw the deceased alive on 4-8-52 , 19___, and that death occurred at 10:25Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Victor B. Kieffer Jr. M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 4-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-52		24c. NAME OF CEMETERY OR CREMATORY Shilo		24d. LOCATION (City, town, or county) (State) Pocahontas, Ark.	
DATE REC'D BY LOCAL REG. APR 9 1952		REGISTRAR'S SIGNATURE J. Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No..... 4199

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.