

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14802

State File No.

BIRTH NO. 81734

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3703

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Missouri
b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, 4800

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital

d. STREET ADDRESS (If rural, give location) 9745 Gravois Ave.
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3. NAME OF DECEASED
a. (First) Katherine
b. (Middle) Sue
c. (Last) Smith

4. DATE OF DEATH
(Month) (Day) (Year)
April 20 1952/

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---

8. DATE OF BIRTH November 13, 1951.

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)
0 5 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Willie R. Smith

13b. MOTHER'S MAIDEN NAME Roberta Sights.

14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Willie R. Smith 9745 Gravois

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) Hypoadrenalism
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.

INTERVAL BETWEEN ONSET AND DEATH
2 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 274X

22. I hereby certify that I attended the deceased from 1 Feb, 1952, to 20 April, 1952, that I last saw the deceased alive on 20 April, 1952, and that death occurred at 5:50 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert John Burke M.D.

23b. ADDRESS St Louis Mo
2710 South Grand

23c. DATE SIGNED 20 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE April 20 1952

24c. NAME OF CEMETERY OR CREMATORY Isol Cemetery

24d. LOCATION (City, town, or county) (State) Linneus Missouri

DATE REC'D BY LOCAL REG. APR 21 1952

REGISTRAR'S SIGNATURE Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ziegenhein, Bro. 409 Gravois

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

(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

Law M. Seymour

Licensed Embalmer No. *4343*

P. O. Address *Louis Mo.*

Signed.....
Student Embalmer

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.