No. 300
10-48

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15021

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 306 Registrar's No. 1184

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Brentwood~~ Clayton
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY 4870
d. STREET ADDRESS (If rural, give location): 9805 LUNA

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

4. DATE OF DEATH (Month) (Day) (Year): May 2 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: APR 7, 1889
9. AGE (In years last birthday): 63
If under 1 year: Months / Days
If 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): TENNESSEE
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: MARION STEWART
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ~~DOE~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: ROBT. SMITH
ADDRESS: 2022 SENATE

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) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized

DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331.X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-, 1952, *to* 5-2-, 1952, *that I last saw the deceased alive on* 5-2-, 1952, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest H. Schaper, M.D.
23b. ADDRESS: 6W S Brentwood Clayton 5, Mo.
23c. DATE SIGNED: 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/6/52
24c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEM
24d. LOCATION (City, town, or county) (State): LEMAY

DATE REC'D BY LOCAL REG.: 5-5-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: FENDLER
ADDRESS: IND. Co. 1420 MICHIGAN

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.