

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18561

FILED JUN 16 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4866**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | d. STREET ADDRESS (If rural, give location) 4316a North 19th Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) W. c. (Last) SMITH | 4. DATE OF DEATH (Month) (Day) (Year) May 24, 1952 |
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|----------------------|-------------------------------|---|---|---|---------------------------------------|---------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH December 17, 1913 | 9. AGE (In years last birthday) 38 | <input type="checkbox"/> UNDER 1 YEAR | <input type="checkbox"/> UNDER 2 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Eldon, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Charles Watson | 13b. MOTHER'S MAIDEN NAME Eva Wyrick | 14. NAME OF HUSBAND OR WIFE John W. Smith |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME John F. Smith, 4316a N. 19th Street | ADDRESS |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a metastases to bone DUE TO (c) lung and liver | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 3 years | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast - metastases to bone lung & liver | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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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? 770X |
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22. I hereby certify that I attended the deceased from **1949**, 19___, to **1952**, 19___, that I last saw the deceased alive on **April 14, 1952**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Shoshunahi MD (Degree or title) | 23b. ADDRESS 634 No Grand | 23c. DATE SIGNED 5/26/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE May 27, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REG. MAY 27 1952 | REGISTRAR'S SIGNATURE Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock | ADDRESS 2117 E. Grand Blvd. |
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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 Frank G. Moore.....

Licensed Embalmer No. 3041.....

P. O. Address 2117 E Grand.....

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.