

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18563  
State File No. 4342  
Registrar's No. 4342

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE St. Louis, Mo.	
c. LENGTH OF STAY (In this place) Life		b. COUNTY	
d. STREET ADDRESS (If rural, give location) 5545 Cates Ave.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. NAME OF HOSPITAL OR INSTITUTION 5545 Cates Ave.		d. STREET ADDRESS 5545 Cates Ave.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Louise		b. (Middle) D.	
c. (Last) Smith		Date of Death May 7, 1952	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Unk. Unk. 1860
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME James Darst	13b. MOTHER'S MAIDEN NAME Mary Hartnett	14. NAME OF HUSBAND OR WIFE William H. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Thomas J. Kinsella, 5651 Cates 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		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio-sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no</u>		20. AUTOPSY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from May 1930 to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 11:35 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Wm. J. Langley, Jr. M.D.</u>	23b. ADDRESS <u>5803 Plymouth Ave.</u>	23c. DATE SIGNED <u>May 8/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>May 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. MAY 9 1952	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	ADDRESS <u>840 Lindell Blvd.</u>
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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 \_\_\_\_\_

*W VanMatre*

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.