

No. 300  
 10.46  
 205  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

30323

FILED SEP 13 1952

State File No. 30323  
 Registrar's No. 2293

BIRTH NO. 46556		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 300	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) 1554a Wright Street 1		
3. NAME OF DECEASED (Type or Print) a. (First) Rita		b. (Middle) Joy	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 4, 1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 1 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ch. id		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Smith		13b. MOTHER'S MAIDEN NAME Emma Ruth Jeffers		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) NO		16. SOCIAL SECURITY NO. nil	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Thomas Smith, 1445a Wright Street		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ulcerative jejunitis DUE TO (c) 5722			INTERVAL BETWEEN ONSET AND DEATH 10 days  10 day
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?		
22. I hereby certify that I attended the deceased from 8-23-1952, to 9-2-1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:40 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Virginia H. Paden, M.D.			23b. ADDRESS St. Mary's Hospital		23c. DATE SIGNED 8-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 8-3-52		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.

(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.....  
Student Embalmer

Signed.....

*William Matre*

Licensed Embalmer No. 2825

P. O. Address. 3840 Lindell

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.