

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16235**
Registrar's No. **4059**

FILED MAY 14 1953 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139	
3. NAME OF DECEASED a. (First) JOSEPH (Type or Print)		d. STREET ADDRESS (If rural, give location) 4967 Kemper Ave.	
b. (Middle) J.		c. (Last) SMITH	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 17 1953		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 6, 1888		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman-Central		10b. KIND OF BUSINESS OR INDUSTRY Wire & Iron Co.	
11. BIRTHPLACE (City and State or Foreign Country) Sioux City, Iowa		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Smith		13b. MOTHER'S MAIDEN NAME Margaret Hasshatt	
13c. NAME OF HUSBAND OR WIFE Laura L. Smith		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.	
17. INFORMANT'S SIGNATURE OR NAME Laura L. Smith		ADDRESS 4967 Kemper 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid carcinoma buccal mucosa 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.. Carcinoma metastatic to cervical lymph nodes Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION 4-17-53		19b. MAJOR FINDINGS OF OPERATION Ca metastatic to cervical lymph nodes left	
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? 144X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30P m. , from the causes and on the date stated above.			
23a. SIGNATURE Francis J. Ryan M.D. (Degree or title)		23b. ADDRESS 508 N. Grand	
23c. DATE SIGNED 4-18-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Apr. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl	
DATE REC'D BY LOCAL REG. APR 20 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 S. King Highway

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.