

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34092

State File No.

FILED OCT 1 - 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 7479

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hosp.		e. STREET ADDRESS (If rural, give location) 7020 Tulane	
3. NAME OF DECEASED (Type or Print) a. (First) LEWIS b. (Middle) E. c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1953	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1911
9. AGE (In years last birthday) 41 1/2		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) Prpp. Cleaning Shop		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) USSR
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Max Smith	
13b. MOTHER'S MAIDEN NAME Mary Feungerit		14. NAME OF HUSBAND OR WIFE Gertrude	
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. Unk.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Smith		ADDRESS 7020 Tulane	
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) ANTECEDENT CAUSES DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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? 4201		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 9:00 p.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Patrick E. Taylor, Coroner</i>		23b. ADDRESS 1300 East	
23c. DATE SIGNED 7-31-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8/2/53		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Meth	
24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
DATE REC'D BY LOCAL REG. AUG 1 1953		ADDRESS 4715 McPherson	

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.....
Signature of Student Embalmer

Signed *Arthur J. Judson*.....
Licensed Embalmer No. *4229*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.