

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34094**
Registrar's No. **8263**

FILED OCT 1 - 1953

BIRTH NO. **47963** 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). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Valley Park 4767	
c. LENGTH OF STAY (in this place) 3 hrs. - Jan.		d. STREET ADDRESS (If rural, give location) Forest + Lookout Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Deaconess			

3. NAME OF DECEASED a. (First) Marie		b. (Middle) Francis		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant - 0		8. DATE OF BIRTH July 21, 1953	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Frank Smith		13b. MOTHER'S MAIDEN NAME Melrose Beckett		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 Mrs. M. Smith	
				ADDRESS Forest + Lookout Valley	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASPHYXIATION		INTERVAL BETWEEN ONSET AND DEATH 3 HRS	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREMATURITY - 2 HRS GESTATION			
		DUE TO (c) POSSIBLE Rh INCOMPATIBILITY			
		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 type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7625	

22. I hereby certify that I attended the deceased from **July 21, 1953** to **July 21, 1953**, that I last saw the deceased alive on **July 21, 1953**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Meyer		(Degree or title) 0 M.D.		23b. ADDRESS Ballwin Mo		23c. DATE SIGNED July 23, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE AUG 3 1 1953		24c. NAME OF CEMETERY OR CREMATORY Annunial Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL AUG 26 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 4104 Manchester Ave.	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.