

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41486

State File No.

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3101

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>7 wks</u>	c. CITY OR TOWN <u>Clayton</u> <u>4462</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6701 San Bonita Ave.,</u>		e. STREET ADDRESS (If rural, give location) <u>6701 San Bonita Ave.,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lesley</u>	b. (Middle) <u>S</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Dec. 1 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sept. 26, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Chauffeur</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Allandale, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.A.</u>
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13a. FATHER'S NAME <u>Edward Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Harrington</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Enright Smith, Decd.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-30-2233</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond L. Smith, 6701 San Bonita</u>	ADDRESS
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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) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis/Heart Disease</u>		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-9, 1953, to 12-1, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Hayden M.D.</u>	(Degree or title)	23b. ADDRESS <u>730 Hodgeson</u>	23c. DATE SIGNED <u>12-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/3/53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, Jr. D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullinane Bros.</u>	ADDRESS <u>3320 N. Kingshighway</u>
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317 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Fred Frick*.....

Licensed Embalmer No....3186.....

P. O. Address...St. Louis, Mo.

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.