

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3291**
Registrar's No. **0993**BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 1		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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 5798 PERSHING AVE		d. STREET ADDRESS (If rural, give location) 5798 PERSHING AVE	
3. NAME OF DECEASED (Type or Print) a. (First) LEO b. (Middle) WILLIAM c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) JAN. 31-1954	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC 19-1880
9. AGE (In years last birthday) 73 If UNDER 1 YEAR: Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Mo	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CLERK (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY MEYER BROS DRUG	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME THOMAS J. SMITH		13b. MOTHER'S MAIDEN NAME ROSANNA TOBYN	
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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Miss Constance Smith		ADDRESS 5798 Pershing 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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH immediate 5 yrs.			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 10-23, 1952 , to 1-31, 1954 , that I last saw the deceased alive on 1-26, 1954 , and that death occurred at 8 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) O Edwin P. Meiner M.D.		23b. ADDRESS 6651 Ewing	
23c. DATE SIGNED 2-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 2-1954	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS	
DATE REC'D BY LOCAL REG. FEB 1 1954		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Miss Mullen		ADDRESS 15165 Delmar Bl	

(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

J. Allen Morris Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.