

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6827

FILLED MAR 12 1954

State File No.

0715

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
b. STATE Mo.  
c. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (In this place)

c. CITY OR TOWN St. Louis  
d. Is residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital

e. STREET ADDRESS (If rural, give location) 4387 Laclede Ave. 2199

3. NAME OF DECEASED (Type or Print)

a. (First) THELMA  
b. (Middle)  
c. (Last) SMIGELL

4. DATE OF DEATH (Month) (Day) (Year) Jan. 22 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 1, 1923

9. AGE (In years, has birthday) 30  
# MONTHS 1234  
# WEEKS 5678  
# DAYS 91011  
# HOURS 1234  
# MIN. 5678

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Melbern Shell

13b. MOTHER'S MAIDEN NAME

Lennie Carlyon

14. NAME OF HUSBAND OR WIFE

Erwin Smigell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erwin Smigell 4387 Laclede Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

*Pulmonary Congestion*

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

*Barbiturate Poisoning*

*whether accidental or intentional could not be determined*

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

*Open Verdict*

20. AUTOPSY? YES  NO

21a. OCCURRENCE (Specify) HOMICIDE

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? *000 F8719*

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 *110A* m., from the causes and on the date stated above. *46*

23a. SIGNATURE *Joseph M. Quinn*

23b. ADDRESS *1300 Clark*

23c. DATE SIGNED *1/23/54*

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)

24b. DATE Jan. 23, 1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Flat River, Mo.

DATE REC'D BY LOCAL REG. JAN 23 1954

REGISTRAR'S SIGNATURE *J. Carl Smith*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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  .....  
Licensed Embalmer No. 457

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.