

FILED MAY 6 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14122

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3752	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 23 1844 So. 10th St.		2239	
3. NAME OF DECEASED (Type or Print) FRANK		a. (First) _____		b. (Middle) Edward		c. (Last) SMITH	
4. DATE OF DEATH APRIL 22, 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Jan. 15, 1915		9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unable to work		11. BIRTHPLACE (City and State or Foreign Country) Elvins, Missouri,	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Williams Smith		13b. MOTHER'S MAIDEN NAME Carrie Odell		14. NAME OF HUSBAND OR WIFE Pauline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME Herman Brawlwy, 3320 Wisconsin			
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) ? Pulmonary infection ? Quinidine etc. 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Rheumatic heart disease DUE TO (c) Rheumatic fever				INTERVAL BETWEEN ONSET AND DEATH 6 yrs ? years	
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? 401.3			
22. I hereby certify that I attended the deceased from 4-3-54 , 19____, to 4-22-54 , 19____, that I last saw the deceased alive on 4-22-54 , 19____, and that death occurred at 4:32P m., from the causes and on the date stated above.							
23a. SIGNATURE Edgar Drape M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 4-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-22-54		24c. NAME OF CEMETERY OR CREMATORY Gibson Graveyard		24d. LOCATION (City, town, or county) (State) Elvins, Missouri	
DATE REC'D BY LOCAL REG. APR 26 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.			

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..... *Henry W Wilkins*

Licensed Embalmer No. *35*

P. O. Address *M. Lane*

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.