

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14562

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>911</u>									
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>UNK</u> b. COUNTY <u>UNK</u>											
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ballwin</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>UNK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>UNK</u>											
3. NAME OF DECEASED (Type or Print) <u>Cecelia</u>			a. (First)		b. (Middle)		c. (Last) <u>Smith</u>								
4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 29, 1888</u>							
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>							
11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>				16. SOCIAL SECURITY NO. <u>UNKNOWN</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Pine Crest Nursing Home, Ballwin, Mo.</u>				ADDRESS			
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4221</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?							
22. I hereby certify that I attended the deceased from <u>Jan 15, 1949</u> , to <u>April 15, 1954</u> , that I last saw the deceased alive on <u>April 14, 1954</u> , and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>R. W. Jansen</u>				23b. ADDRESS <u>M. D. 932 Newport Webster Groves Mo</u>				23c. DATE SIGNED <u>4/16/54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>				24b. DATE <u>APR 19-54</u>				24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>				24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>4/17/54</u>				REGISTRAR'S SIGNATURE <u>Herbert R. Amick</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Emilie Kelly</u>				ADDRESS <u>4386 Lindell</u>			

(Licensed Embalmer, 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
Signature of Student Embalmer

Signed *Frank C. Merrick*

Licensed Embalmer No. *488*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.