

XC 1425489  
SL 3421 Reg. 5807

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6518**  
Registrar's No. **1380**

BIRTH NO. FILED FEB 21 1955 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>O</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>IRON</b>	
b. CITY OR TOWN <b>915 North Grand Blvd., St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>35 DAYS</b>	c. CITY OR TOWN <b>BANNER</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <b>04701</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>DAN</b>	b. (Middle) <b>M.</b>	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-13-55</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-5-89</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MTL. VERNON, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOSHUA SMITH</b>	13b. MOTHER'S MAIDEN NAME <b>SALLY RITENOW</b>	14. NAME OF HUSBAND OR WIFE <b>RUTHIE SMITH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	16. SOCIAL SECURITY NO. <b>701038474</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CARDIAC FAILURE</b>		<b>30 min or less</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERY OCCLUSION</b> DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>		<b>10 years</b>
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 checked="" type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>
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22. I hereby certify that I attended the deceased from **1-9**, 19**55**, to **2-13**, 19**55**, and that death occurred at **2:50p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. T. Kaminski</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	23c. DATE SIGNED <b>2-14-55</b>
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24a. HOSPITAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2-16-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Jeff. Brks., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 14 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	ADDRESS <b>322 S. Grand Blvd., St. Louis, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

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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 *Francis J. Wyland Jr*

Licensed Embalmer No. *451*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.