

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24401
Registrar's No. 6055

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 57 yrs	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 17 3522 Shennandoah Avenue, 21790	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WILLIAM	b. (Middle) WESLEY	c. (Last) SMITH	(Month) JULY	(Day) 12	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Butter, Eggs, etc.	11. BIRTHPLACE (City and State or Foreign Country) Sullivan, Missouri.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Benjamin F. Smith	13b. MOTHER'S MAIDEN NAME Mary Watson	14. NAME OF HUSBAND OR WIFE Mrs. Maude E. Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude E. Smith-3522 Shennandoah 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR. PULMONALE = FAILURE		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) PULMONARY EMPHYSEMA. DUE TO (c) CHRONIC BRONCHITIS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5020

22. I hereby certify that I attended the deceased from 7-7-55, 19__, to 7-12-55, 19__, that I last saw the deceased alive on 7-12-55, 19__, and that death occurred at 10:10am., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) Martin G. Austin M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 7-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 15, 1955.	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
24d. LOCATION (City, town, or county) St. Louis County, Missouri		(State)

DATE REC'D BY LOCAL REG. JUL 13 1955	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Beidervieden F. H. Inc., 1936 St. Louis Ave.,
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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  _____

Licensed Embalmer No. 452

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.