

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35168

FILED OCT 24 1955

State File No.

1003

Registrar's No. 8917

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).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

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 **1940 Wright St.**

e. STREET ADDRESS (If rural, give location)
26 1940 Wright St.

3. NAME OF DECEASED
a. (First) **Mell** b. (Middle) **Virness** c. (Last) **Smallen**

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 12, 1955

5. SEX **Male**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH
May 27, 1896

9. AGE (In years last birthday) **59**
IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Mins. _____

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

10b. KIND OF BUSINESS OR INDUSTRY
Wood Heel Co.

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

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
Montgomery Smallen

13b. MOTHER'S MAIDEN NAME
Rhoda Vance

14. NAME OF HUSBAND OR WIFE
Martha Smallen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes**
(If yes, give year or dates of service) **WW I**

16. SOCIAL SECURITY NO.
490-03-9598

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Martha Smallen, 1940 Wright St.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial infarct** 2

ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) **4201**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerotic heart disease.**

INTERVAL BETWEEN ONSET AND DEATH minutes.
don't know

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **8-26-55**, 19____, to **10-12-55**, 19____, that I last saw the deceased alive on **9-27-55**, 19____, and that death occurred at **12 noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Walter H. Sporenbaum

23b. ADDRESS
1515 St. Louis

23c. DATE SIGNED
10-12-55

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

24b. DATE
10-12-55

24c. NAME OF CEMETERY OR CREMATORY
Local

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

DATE REC'D BY LOCAL REG. **OCT 13 1955**
REGISTRAR'S SIGNATURE
J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe, 4700 Washington Blvd.

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 *J. Wm B. Embley*.....

Licensed Embalmer No. *3657*

P. O. Address *St. Louis 8*

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.