

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35169

8707

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROBERTSON MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>NATURAL BRIDGE RD</u>			
3. NAME OF DECEASED (First) <u>BERTHA</u> (Middle) <u>LEOLA</u> (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) <u>10-</u> (Day) <u>3-</u> (Year) <u>55</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>7-22-1919</u>	9. AGE (In years) <u>36</u> (If under 1 year: Months _____ Days _____)	10. IF UNDER 1 YEAR: Hours _____ Mins. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISIANA, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISIANA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES BASS</u>		13b. MOTHER'S MAIDEN NAME <u>ELSIE PRAHL</u>		14. NAME OF HUSBAND OR WIFE (Divorced) <u>KINZA SMITH (DIVORCED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MILDRED MOELKER</u> ADDRESS <u>OVERLAND MO.</u>			
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) <u>Adrenal Crisis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adrenal Insufficiency</u> DUE TO (c) <u>Essential Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>446 x 274X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u> <u>10 years</u>	
19a. DATE OF OPERATION <u>1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adrenalectomy for hypertension</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, 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? _____			
22. I hereby certify that I attended the deceased from <u>March 1948</u> , to <u>Aug 1955</u> , that I last saw the deceased alive on <u>Aug 15, 1955</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Martin W. Davis, MD</u> (Degree or title)				23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>10/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL <u>REMOVED</u>		24b. DATE <u>10-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LOUISIANA MO</u>		
DATE REC'D BY LOCAL REG. <u>OCT 6 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EARL WILKINSON</u> ADDRESS <u>9709 BACKLAND</u>			

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 .....  
Student Embalmer

Signed Caul E. Hillman

Licensed Embalmer No. 3501

P. O. Address Cleveland 14 Ohio

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 this body is not embalmed, fact should be so stated above.