

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35175
State File No. 8876
Registrar's No. 1003

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | c. CITY OR TOWN <u>St. Louis</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>BARNES HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>5452 Parkridge Av.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>L.</u> | c. (Last) <u>Smith</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10/11/55</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov 3 1889</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Patrick F. Smith</u> | 13b. MOTHER'S MAIDEN NAME <u>Isabelle Bowens Vada Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Vada Smith</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>492-01-7239</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Vada Smith</u> | ADDRESS <u>5452 Parkridge</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Pulmonary Edema</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Chronic Glomerular nephritis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>592.x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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 9/29, 1955, to Oct. 11, 1955, that I last saw the deceased alive on Oct. 11, 1955, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>F.A. Pennington</u> M.D. | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>10/11/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10-14-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>OCT 11 1955</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> mjs | 25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHN STYGAR and SON FUNERAL HOME</u> | ADDRESS <u>554 Riverview</u> |
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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.....
J. W. Ruster

Licensed Embalmer No. *3980*

P. O. Address *St. Louis, Mo.*

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.