

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35176
State File No. 8774
Registrar's No.

FILED OCT 24 1955

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

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

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, Missouri		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 12 530 UNION AVE 212 10	
3. NAME OF DECEASED (Type or Print)	a. (First) Josephine	b. (Middle) G.	c. (Last) Smith
4. DATE OF DEATH	(Month) October	(Day) 6,	(Year) 1955
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH NOV 13. 1888
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PART TIME OFFICE WORK	10b. KIND OF BUSINESS OR INDUSTRY STIN. BAER. FULLER	11. BIRTHPLACE (City and State or Foreign Country) SPARTA ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME SAMUEL WYLIE SMITH	13b. MOTHER'S MAIDEN NAME SARAH J. BANKES	14. NAME OF HUSBAND OR WIFE L. CARLIN SMITH.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 499-34-3417	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIRGINIA S. VON TRESCKOW 400 E. 57th NYC	
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) Metastatic carcinoma, primary site undetermined ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 Months
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 199.9		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?	
22. I hereby certify that I attended the deceased from 9/15, 19 55, to 10/6, 19 55, that I last saw the deceased alive on 10/6, 19 55, and that death occurred at 2:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 10/6/55
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 10-7-55	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY Mo.
DATE REC'D BY LOCAL REG. OCT 7 1955	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons 7233 DELMAR.	

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..... *Clarence H. Murray*

Licensed Embalmer No. *4091*

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.