

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42640

State File No. _____

11391

Registrar's No. _____

FILED JAN 6 1956

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

REG. DIST. NO. _____

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 checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) _____		e. STREET ADDRESS (If rural, give location) <u>4969 Pershing Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4969 Pershing Ave.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) <u>Salles</u>	b. (Middle) <u>Kennard</u>	c. (Last) <u>Smith</u>	(Month) <u>December</u>	(Day) <u>24</u>	(Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 16 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Samuel M. Kennard</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Maude</u>	14. NAME OF HUSBAND OR WIFE <u>Luther Ely Smith, dec'd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Luther Ely Smith, 5321 Waterman Ave,</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> <u>15 years</u> <u>2 1/2 years</u> <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Generalized</u> DUE TO (c) <u>Rt. Hemiplegia due to (b)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Embolism</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St. Louis</u> <u>None</u> <u>Mo</u>
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 Sept 1957, 1957, to Dec 23, 1955, that I last saw the deceased alive on Dec 23, 1955, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Seddon MD</u>	23b. ADDRESS <u>4500 West Pine Blvd St. Louis Mo</u>	23c. DATE SIGNED <u>24 Dec 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>
DATE REC'D BY LOCAL REG. <u>DEC 27 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagoner Mortuary, 4911 Washington</u>		ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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.....
Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.