

No. 300
10.48

FILED JAN 26 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3014 State File No. 340 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5842 Bartmer Ave.		e. STREET ADDRESS (If rural, give location) 5842 Bartmer Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) RANKEN c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 28, 1884		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Sales Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Amer. Chain & Cable		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Anthony W. Smith		13b. MOTHER'S MAIDEN NAME Catharine Davidson		14. NAME OF HUSBAND OR WIFE Fannie Locke Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie L. Smith, 5842 Bartmer	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH constant	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease 1 yr			
	DUE TO (c) general arteriosclerosis coronary heart failure uncertain few months			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		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)	
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 2/26, 1955, to 1/10, 1956 that I last saw the deceased alive on 12/3, 1955, and that death occurred at 10:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Robert Parrie		23b. ADDRESS 2042 3720 Washington St. St. Louis		23c. DATE SIGNED 1/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-13-56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) St. Louis Co., Mo.					

DATE REC'D BY LOCAL REG. JAN 10 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. J. Glander & Sons 6175 Delmar	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Robt Paine M.D.
Beaumont Bldg.

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.....
Jos. E. McCulloch

Licensed Embalmer No. *246*

P. O. Address.....
4125 D

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.