

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

3019

XC-1205 421

Reg. #12692

STANDARD CERTIFICATE OF DEATH

SL #6970

FILED FEB 7 1956

State File No.

327

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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 St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 40 days		c. CITY OR TOWN Maplewood			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 7418 Canterbury Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) RALPH		b. (Middle) W.		c. (Last) SMITH			
4. DATE OF DEATH (Month) (Day) (Year) January 9, 1956		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/4/95		9. AGE (In years last birthday) 61			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Peru, Illinois			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Otis R. Smith		13b. MOTHER'S MAIDEN NAME Ida L. Cook			
14. NAME OF HUSBAND OR WIFE Laura E. Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-1			
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo.		ADDRESS					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung with widespread Metastasis 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 Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) VA 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 11/30, 1955, to 1/9, 1956, and that death occurred at 4:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Earl H. Calman - M.D.		23b. ADDRESS VA Hosp., St. Louis, Mo.		23c. DATE SIGNED 1/9/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-56		24c. NAME OF CEMETERY OR CREMATORY National			
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE REC'D BY LOCAL REG. JAN 10 1956		REGISTRAR'S SIGNATURE Earl H. Calman M.D.			
25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith		ADDRESS Maplewood, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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 *H. C. Burgess*.....

Licensed Embalmer No. *402*

P. O. Address *Mpls.*

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.