

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11454**
3185
Registrar's No. **3185**

FILED APR 10 1956

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3185	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1315 North 7th., Street				e. STREET ADDRESS (If rural, give location) 25 1315 North 7th., Street 2250			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lawrence c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) March 28, 1956				
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Oct. 29, 1891	
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Days 4		11. IF UNDER 24 HRS. Hours 29		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brass pouter, Revere Co.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Westphalia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Smith			13b. MOTHER'S MAIDEN NAME Elizabeth Lierman			14. NAME OF HUSBAND OR WIFE Lena Belle Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. 335-01-1982		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Belle Smith ADDRESS 1315 N. 7th. Street			
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) Cardiac Decompensation Cardiac decompensation ANTECEDENT CAUSES Rheumatic Heart Dis. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK? None		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from 6-12, 1952 , to 3-28, 1956 , that I last saw the deceased alive on 3-27, 1956 and that death occurred at 7 a. m. , from the causes and on the date stated above. 56							
23a. SIGNATURE Robert E. Fox (Degree or title) M.D. M.D.				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 3-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 31, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE John Smith		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

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

(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 em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No. *30*.....

P. O. Address *3840*.....

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.