

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25258

State File No.

BIRTH NO. 48443-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5742

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>Stay</u>		c. CITY OR TOWN <u>Richmond Heights</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		e. STREET ADDRESS (If rural, give location) <u>1724 Boneta Avenue</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>Smith</u>			<u>June 15 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---	8. DATE OF BIRTH <u>June 15 1956</u>		9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---			10b. KIND OF BUSINESS OR INDUSTRY ---		IF UNDER 1 YEAR Months <u>2</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Robert Arnold Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Victoria Isabelle Martin</u>	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME <u>Victoria Isabelle Smith</u>
		ADDRESS ---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Corythoblastosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Rh negative mother.</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Prematurely delivered.</u>		

19a. DATE OF OPERATION <u>6/15/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Normal except for very large, corythoblastosis.</u>	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 building, etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>77015</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 June 15, 1956, to June 15, 1956, that I last saw the deceased alive on June 15, 1956, and that death occurred at 5:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl R. Wegner</u>	(Degree or title)	23b. ADDRESS <u>7016 30 S. Kingshighway</u>	23c. DATE SIGNED <u>6-16-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>

DATE REC'D BY LOCAL REG. <u>JUN 18 1956</u>	REGISTRAR'S SIGNATURE <u>Carl R. Wegner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>	ADDRESS <u>6633 Clayton Rd</u>
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(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 No Embalming, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Ernest W. Spilloni

Licensed Embalmer No. 4086

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.