

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3235**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>			c. LENGTH OF STAY (in this place) <u>5 weeks</u>		c. CITY OR TOWN <u>Kirkwood</u>		d. 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>St Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>11856 Gray Dr.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>			b. (Middle) _____		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 12 57</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan 13 - 1880</u>		9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>29</u>	IF UNDER 2 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>None</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite Koffenbeger</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ma Forest Smith 11856 Gray Dr.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 wks.</u>
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) <u>4201</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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>12-9</u> , 19 <u>56</u> , to <u>1-12</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-12</u> , 19 <u>57</u> , and that death occurred at <u>7-9</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Royal C. Jackson MD</u>				23b. ADDRESS <u>Kirkwood Mo</u>		23c. DATE SIGNED <u>1-13-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-15-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Mena Ark.</u>		
DATE REC'D BY LOCAL REG. <u>1-13-57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donahoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boppine</u>		ADDRESS <u>Kirkwood</u>	

(Licensed Embalmer) 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 *Francis J. Weyland Jr*
Licensed Embalmer No. *4514*
P. O. Address *Kirkwood, Mo.*

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.