Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1957

STATE FILE NUMBER 11106

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1867

1. PLACE OF DEATH
a. COUNTY ~~ST. LOUIS, MO.~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 04 Barnes Hospital Length of stay in 1b 3 weeks 27

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City 4366 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7880 Wayne Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HERSCHEL Middle SMILEY Last SMITH

4. DATE OF DEATH Month FEB. Day 23, Year 1957

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 27, 1919

9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Installer

10b. KIND OF BUSINESS OR INDUSTRY Western Electric Co.

11. BIRTHPLACE (City and state or country) Cutler, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lyman Smith

14. MOTHER'S MAIDEN NAME Mabel C. Armstrong / Wifes Name: Betty L. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 2

16. SOCIAL SECURITY NO. 344-24-4138

17. INFORMANT Address Mrs. Betty L. Smith 7880 Lyman Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRAIN TUMOR - MALIGNANT (left frontal lobe) INTERVAL BETWEEN ONSET AND DEATH $1\frac{1}{2}$ YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 1934
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from FEB. 4, 1957 to FEB. 23, 1957 and last saw her him alive on FEB. 23, 1957
Death occurred at 2:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. L. Vanellin M.D. (Degree or title) M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 2/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Feb. 26, 1957

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc. 6175 Delmar Bl.

25. DATE REC'D BY LOCAL REG. FEB 25 '57

26. REGISTRAR'S SIGNATURE J. Earl Smith MD M.D.C.

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCullah

Licensed Embalmer No. 246

P. O. Address 6175 Dell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.