

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30032

FILED SEP 4 1957

State File No. 30032
Registrar's No. 7630

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 211 Market st		d. STREET ADDRESS (If rural, give location) 221 1/2 Market st	
3. NAME OF DECEASED (Type or Print) Lillie Ann Smith		4. DATE OF DEATH (Month) (Day) (Year) Aug 12 1957	
5. SEX F	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 17 1892
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY Laundress	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Brown	
13b. MOTHER'S MAIDEN NAME Jennie Bowen		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Herbert Hatch		ADDRESS 5232 Palm st	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardi-vascular Disease DUE TO (c) 443X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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) (Min.)		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 5 Aug 1957, to 12 Aug 1957, that I last saw the deceased alive on 12 Aug 1957, and that death occurred at 11:30 p.m., from the causes and on the date stated above.	
23a. SIGNATURE W. A. Mueller		23b. ADDRESS 3524 Franklin Ave. St. Louis 6, Mo.	
23c. DATE SIGNED AUG 13 1957		24a. BURLIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE aug 16-57		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCALITY (City, town, or county) (State) St Louis Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE Hughes Funeral Home	
25. FUNERAL DIRECTOR'S ADDRESS 2620 Lauriston		DATE REC'D BY LOCAL REG. AUG 15 57	
REGISTRAR'S SIGNATURE mrs		25. FUNERAL DIRECTOR'S SIGNATURE Hughes Funeral Home	

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 _____
Student Embalmer

Signed James G. Carter

Licensed Embalmer No. 4681

P. O. Address St Louis Mo

AMERICAN ASSOCIATION
OF EMBALMERS
1522

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 this body is not embalmed, fact should be so stated above.