

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30231

STATE FILE NUMBER

Registration District No. 317Primary Registration District No. 531Registrar's No. 2033

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7352 Pershing</u>		Length of stay in 1b <u>4 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>7352 Pershing</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MYRTLE PALMER SMITH</u>			4. DATE OF DEATH Month Day Year <u>Aug. 15, 1957</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 13, 1877</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Rianza, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>J.T. Palmer</u>			14. MOTHER'S MAIDEN NAME <u>Ella Whiteside</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Karl A. Jacob 7352 Pershing Ave U. City Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Osteoporosis general</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Nephritis, Chronic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u> <u>10 yrs</u> <u>10 yrs</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Myocardial</u>		
20c. TIME OF INJURY Hour a. m. Month, Day, Year <u>p. m.</u>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1940</u> to <u>8-15-57</u> and last saw her ^{her} _{him} alive on <u>8-12-57</u> Death occurred at <u>4</u> a <u>a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. Rush McLeod MD.</u> (Degree & title)		22b. ADDRESS <u>906 Olive St. Louis</u>		22c. DATE SIGNED <u>8-15-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Aug. 16, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hakwood Cemetery</u>		23d. LOCATION (City, town, or locality) (State) <u>Honey Grove, Texas</u>
24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons</u>		ADDRESS <u>7233 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Hubert P. Donke MD</u>

(Licensed Embalmer's Statement on Reverse Side)

acc

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coronary, cardiac, pulmonary, etc.

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 *Arnold W. Schenck*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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.