

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34483**
Registrar's No. **2152**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2152	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bonhomme Twsp		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY OR TOWN Rural Bonhomme Twsp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Schoettler Rd. Chesterfield Mo.				e. STREET ADDRESS (If rural, give location) Schoettler Rd. Chesterfield, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle) T.		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Aug 27 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 14 1900		9. AGE (In years last birthday) 57	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) hair stylist		10b. KIND OF BUSINESS OR INDUSTRY own business		11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Millie Maples		14. NAME OF HUSBAND OR WIFE Alice Godar Smith			
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. 493 01 5260		17. INFORMANT'S SIGNATURE OR NAME Alice Smith ADDRESS Chesterfield, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion				DUE TO (b) coronary atherosclerosis			minutes
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____			1-2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism				DUE TO (d) _____			10-20 years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201			
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 _____, 1954, to 27 Aug. , 1957, that I last saw the deceased alive on 22 August, 1957 , and that death occurred at 3:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Reynolds L. Emerson, M.D. (Degree or title) _____				23b. ADDRESS REYNOLDS L. EMERSON, M.D. 1695 BRENTWOOD BLVD, BRENTWOOD MO.		23c. DATE SIGNED 8-27-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-57	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon		24d. LOCATION (City, town, or county) (State) St. Charles & Lindberg		
DATE REC'D BY LOCAL REG. 8-29-57		REGISTRAR'S SIGNATURE Herbert D. Danche M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....
Richard Bopp

Licensed Embalmer No. *458*

P. O. Address *Ballwin*

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.