

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38785**

FILED OCT 21 1957

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2458		
1. PLACE OF DEATH a. COUNTY St. Louis, Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. LENGTH OF STAY (In this place) 16 da		c. CITY OR TOWN Ballwin		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home				e. STREET ADDRESS (If rural, give location) 114 New Ballwin Rd.				
3. NAME OF DECEASED (Type or Print) a. (First) Grace			b. (Middle)		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) 10/4/57	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed	8. DATE OF BIRTH July 28 1898		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 2 HRS. Hours 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Nurse		11. BIRTHPLACE (City and State or Foreign Country) Madison North Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ? CASE		13b. MOTHER'S MAIDEN NAME Katherine Madison		14. NAME OF HUSBAND OR WIFE Julius P Smith				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Kruidenier, 114 New Ballwin Rd.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LEFT BREAST				INTERVAL BETWEEN ONSET AND DEATH
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) WITH GENERAL METASTASIS				
				DUE TO (c)				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE				
19a. DATE OF OPERATION 1957		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF LEFT BREAST				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)				
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 10-1, 1957, to 10-4, 1957 , that I last saw the deceased alive on 10-3, 1957 , and that death occurred at 10:50 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE K. R. Loving MD				23b. ADDRESS BALLWIN, MO.		23c. DATE SIGNED 10-6-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 7 1957	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Manchester Mo.			
DATE REC'D BY LOCAL REG. 10-6-57		REGISTRAR'S SIGNATURE Herbert R. Donohue		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bappone		ADDRESS Rich. Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. Myland Jr.*
Licensed Embalmer No. *4512*
P. O. Address *Richard, 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.