

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019374
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN Saint Charles <i>0923</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1318 No. 5th St		d. STREET ADDRESS (If outside, give location) 1318 No. 5th St.	
Length of stay in 1b 35 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Frank Middle R. Last Smith			4. DATE OF DEATH Month May Day 14 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 9, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY painter	11. BIRTHPLACE (City and state or country) Farmington, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Edward P. Smith	14. MOTHER'S MAIDEN NAME Cary Hannaford
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No	16. SOCIAL SECURITY NO. 489-09-4837	17. INFORMANT Mrs. Dora Smith, St. Charles, Mo.	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) Rheumatic valvular Heart Disease		
DUE TO (c) Pneumonia of Lung <i>414XH</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Metastatic Carcinoma from C. of Prostate		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour 5 p. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 St. Charles	COUNTY Mo.	STATE
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21. I attended the deceased from July 10, '57 to May 14, 1958 and last saw her/him alive on May 10, 1958 Death occurred at 5 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Augustine M. O.</i>	22b. ADDRESS St. Charles Mo	22c. DATE SIGNED May 15, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery	23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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24. FUNERAL DIRECTOR H.C. Dallmeyer and Sons, St. Charles, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. May 15-58	26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</i>
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(Licensed Embalmer's Statement of Reverse Side)

Health, Welfare Public Service
300
1-56
923
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 22 1958

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.....
Licensed Embalmer No.....
P. O. Address.....

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.