Health, & Welfare Public Service 123 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026645
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Charles — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph Hosp. — Length of stay in 1b: 9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Hanley Hills 4000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2010 N. Hanley Rd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Marvin Middle: Dallas Last: Smith
4. DATE OF DEATH: Month: July Day: 12 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 27, 1916
9. AGE (In years last birthday): 41 — 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): Bus Operator
10b. KIND OF BUSINESS OR INDUSTRY: St. L. Co. Transit
11. BIRTHPLACE (City and state or country): Walnut Ridge, Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John H. Smith
13b. MOTHER'S MAIDEN NAME: Ida Kemp
14. NAME OF HUSBAND OR WIFE: Virginia Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.#2
16. SOCIAL SECURITY NO.: 492-10-1472
17. INFORMANT: Virginia Smith Address: 2010 N. Hanley Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Liver Death & Hepatorenal Syndrome	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Gangrene of Gall Bladder with Stones	9 days
DUE TO (c)	584X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Duodenal Ulcer & Rhematoid Arthritis

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 July 4-58 to July 12-58 and last saw her/him alive on July 11-58
Death occurred at 6:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Richard R. Long M.D.
22b. ADDRESS: 126 S. Main St. St. Charles, Mo.
22c. DATE SIGNED: 7/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-15-1958
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Pagedale, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. ADDRESS: 2504 Woodson Rd. Overland, Mo.
25. DATE RECD. BY LOCAL REG.: July 15-58
26. REGISTRAR'S SIGNATURE: Thurella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 21 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 David C. Gibson

Licensed Embalmer No. 10015

P. O. Address Paula

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.