

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027452

STATE FILE NUMBER

7058

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300  
1-57

5

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home Of The Friendless</b>			Length of stay in lb <b>3 yrs.</b>		d. STREET ADDRESS <b>4431 So. Broadway</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Jessie</b> Middle <b>French</b> Last <b>Smith</b>				4. DATE OF DEATH Month <b>July</b> Day <b>16</b> Year <b>1958</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 12, 1876</b>		9. AGE (In years last birthday) <b>81</b>	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) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Mercantile Trust</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>French W. Smith</b>			13b. MOTHER'S MAIDEN NAME <b>Maria M. Fleining</b>			14. NAME OF HUSBAND OR WIFE <b>Never married</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>497-16-6789</b>		17. INFORMANT Address <b>Home Of The The Friendless 4431 So. Bdwy.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
DUE TO (b) <b>Gen'l Arteriosclerosis, severe</b>							<b>20 yrs</b>		
DUE TO (c) <b>Fracture rt. femur</b>							<b>9027</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <b>45</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" 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.) <b>Fell from bed at Home of the Friendless</b>						
20c. TIME OF INJURY? Hour Month, Day, Year a.m. <b>4-21-58</b> p.m.									
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.) <b>Home of Friendless</b>		20f. CITY, TOWN, OR LOCATION <b>4431 S. Broadway</b>		COUNTY <b>St. Louis</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>June 14 57</b> to <b>July 16, 1958</b> and last saw her alive on <b>July 10, 1958</b> Death occurred at <b>1:15</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>John B. Shoplugh M.D.</b>				22b. ADDRESS <b>3720 Washington, St. Louis</b>		22c. DATE SIGNED <b>7/16/58</b>			
23a. BURIAL, CREMATION, ETC. (Specify) <b>Burial</b>		23b. DATE <b>July 17, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cenestery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>			(State)	
24. FUNERAL DIRECTOR <b>Hoffmeister Colonial Mortuary</b> <b>6464 Chippewa St. St. Louis, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 16 58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> <b>ms</b>			

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 *Llew C. Branson*.....

Licensed Embalmer No. *4564*.....  
P. O. Address *St. Louis, 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.