

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045288

STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 40

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>St. Charles</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>2069</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Wentzville</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>1389 Goodfellow</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>CORNELIUS SMITH</i>			4. DATE OF DEATH Month Day Year <i>Dec. 25, 1958</i>
5. SEX <i>Male</i> 2	6. COLOR OR RACE <i>Col</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 20, 1903</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auto Glazer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Yates Oldsmobile</i>	9. AGE (In years last birthday) <i>55</i>
11. BIRTHPLACE (City and state or country) <i>Altimer, Arkansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Jafus Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Lizzie Tesroe</i>	14. NAME OF HUSBAND OR WIFE <i>Irene Smith</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes War I</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Irene Smith, 1389 Goodfellow, St. Louis, Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarction</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 0	
20d. INJURY OCCURRED WHILE AT <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	COUNTY STATE
21. I attended the deceased from <i>Nov-1-58</i> to <i>Dec 25</i> and last saw her/him alive on <i>Dec-24-58</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Walter A. Younger MD</i>		22b. ADDRESS <i>4635 (4635) Custon</i>	22c. DATE SIGNED <i>12-26-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12/26/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Jeff. Bks., Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>R. M. C. Green Fun. Home, 4060 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>Dec 29 1958</i>	26. REGISTRAR'S SIGNATURE <i>Walter F. Huff</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be stated. All diseases in Part I must be causally related.

JAN 20 1959

FEB 17 1959

JAN 5 1959

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 Melvin E. ...

Licensed Embalmer No. 4428 P. O. Address St. Louis

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.