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1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>University City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Christian Hospital 4411 N. Newstead.</b>		d. STREET ADDRESS (If outside, give location) <b>6600 Washington Blvd.,</b>	

3. NAME OF DECEASED (Type or print) First <b>May</b> Middle <b>J.</b> Last <b>Smith</b>			4. DATE OF DEATH Month <b>September</b> Day <b>7</b> Year <b>1960.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/28/1876</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>Greentown, Ohio.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Henry Elm</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Bollinger</b>	
14. NAME OF HUSBAND OR WIFE <b>James Monroe Smith, dec'd</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>None</b>	
17. INFORMANT <b>Mrs. Myrtle Sprague, 6600 Washington Blvd</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 arteriosclerosis</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>334x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arteriosclerosis periphral vasculas disease with obstruction of left popliteal artery</b> <b>pneumonia</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE	

21. I attended the deceased from <b>8/1/60</b> to <b>9/7/60</b> and last saw her alive on <b>9/6/60</b> Death occurred at <b>5:20 A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Burnet H. Pedan M.D.</b>		22b. ADDRESS <b>35 No. Central, Clayton, Mo.</b>		22c. DATE SIGNED <b>9/8/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>9-9-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>	

24. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc.</b>		ADDRESS <b>4700 Washington</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 9 1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Guy W. Wecker

Licensed Embalmer No. 357

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.