

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004549

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10 STATE FILE NUMBER

**PLACED DEATH JAN 11 1962**

1. a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b D.O.A.

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 637 East Carrie Avenue Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Henrietta Middle L Last Smith

4. DATE OF DEATH Month January Day 2 Year 1962

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 4-14-1880 9. AGE (last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Corestier (retired)

10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co 11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Heim 13b. MOTHER'S MAIDEN NAME Margaret Madigan

14. NAME OF HUSBAND OR WIFE Clarence J. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 4201 17. INFORMANT Address Clarence J. Smith, 637 E. Carrie Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

INTERVAL BETWEEN ONSET AND DEATH sudden many years

19. WAS AUTOPSY PERFORMED? YES  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 3:00 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 St. Louis COUNTY St. Louis STATE Missouri

21. I attended the deceased from 5/24/60 to 1/2/61 and last saw her alive on 1/1/61

Death occurred at 3:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. 22b. ADDRESS 7205 N. Flourissant 22c. DATE SIGNED 1/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Jan. 5, 1962 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av ADDRESS St. Louis, Missouri 25. DATE RECD. BY LOCAL REG. JAN 2 1962 26. REGISTRAR'S SIGNATURE Clarence J. Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 1/7/62

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Walter H Burnley

Licensed Embalmer No. 4202

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.