

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005001  
STATE FILE NUMBER

AMENDED

Registered on **FILED** No. **267** Primary Registration District No. **548** Registrar's No. **226**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webster Groves</b>		Length of stay in 1b <b>YRS.</b>	c. CITY OR TOWN <b>Webster Groves</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>129 E. Lockwood Ave.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>129 E. Lockwood Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Helen</b> Middle <b>Brown</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-26-94</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dietician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	9. AGE (last birthday) <b>67</b>
13a. FATHER'S NAME <b>Robert R. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	11. BIRTHPLACE (City and state or country) <b>Kane, Pennsylvania</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>		14. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. CAUSE WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive cardio-vascular disease - possible ruptured aorta</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
17. INFORMANT <b>Eric Smith Jr., 380 N. Sappington Rd.</b>		16. NAME OF HUSBAND OR WIFE <b>Eric W. Smith</b>	
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. <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.) <b>None</b>	
20c. TIME OF INJURY Hour <b>---</b> a.m. <b>---</b> p.m. <b>---</b>	Month, Day, Year <b>---</b>		
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>---</b>	20f. CITY, TOWN, OR LOCATION <b>---</b>	COUNTY <b>---</b> STATE <b>---</b>
21. I attended the deceased from <b>1955</b> to <b>1-15-62</b> and last saw her <input checked="" type="checkbox"/> alive on <b>1-3-62</b> Death occurred at <b>7:00</b> <b>p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>H.A. Redwich, M.D.</b>		22b. ADDRESS <b>19 E. Lockwood Ave., Webster Groves 19, Missouri.</b>	22c. DATE SIGNED <b>1-16-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>Jan. 17, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla CREM.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>Parker-Aldrich, Webster Groves, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-17-62</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy, M.D.</b>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision. 3 10

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

Signed \_\_\_\_\_

Licensed Embalmer No. 4395

P. O. Address Wabster Grove

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.