MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1962

-62-013680
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 809

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
24043 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b: 2 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospt. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Wellston — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6408 Derby Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Benjamin Middle Smith Last
4. DATE OF DEATH Month 3 Day 8 Year 62

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-22-1878
9. AGE (last birthday) 83 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Emp.
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (City and state or country) Pacific Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME UNK Smith
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE Adele Smith Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-Amer:
16. SOCIAL SECURITY NO. None
17. INFORMANT Elizabeth Tschudin Address 6408 Derby Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriolar nephrosclerosis
DUE TO (c) Generalized arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

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

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 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 COUNTY STATE

21. I attended the deceased from 2-24-62, to 3-8-62 and last saw her/him alive on 3-8-62
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert L. Howe (Degree or title) MD
22b. ADDRESS 601 So. Brentwood Clayton 5, Mo.
22c. DATE SIGNED 3/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-12-62
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Brks. Mo.

24. FUNERAL DIRECTOR J.W. Clark F.H. ADDRESS 1125 Hodiamont Ave.
25. DATE RECD. BY LOCAL REG. 3-9-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.