MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013683
STATE FILE NUMBER

FILED MAR 26 1962

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 818

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4005
2 205
3
4 1
5 1
6
7 1
8 1
9
10
11
1246-0
13
46

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: Richmond Heights
Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 725 South Skinker 5 north
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HOLLIS Middle HOLMES Last SMITH
4. DATE OF DEATH: Month March Day 9 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/27/1907
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months 2 Days 12
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Central City, Colorado
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Eureka Holmes
13b. MOTHER'S MAIDEN NAME: Lillie Henry
14. NAME OF HUSBAND OR WIFE: Ben Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Ben Smith Address: 725 S. Skinker Blvd.

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): Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic Mitral Stenosis
DUE TO (c): 410 X
INTERVAL BETWEEN ONSET AND DEATH: Chronic
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 June - 1957 to Mar. 8 - 1962 and last saw her/him alive on Mar. 8 - 1962
Death occurred at 2:30 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm B Bassett MD
22b. ADDRESS: 4660 Maryland Ave.
22c. DATE SIGNED: 3/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: March 11, 1962
23c. NAME OF CEMETERY OR CREMATORY: Mission Burial Park
23d. LOCATION (City, town, or county) (State): San Antonio, Texas

24. FUNERAL DIRECTOR: Ambruster Mortuary
ADDRESS: 6633 Clayton Road
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 Fred J. Hammer

Signature of Student Embalmer

Licensed Embalmer No. 4788

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.