

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021519

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1461

FILED MAY 21 1962

VS 300  
Rev. 4/59

14831  
24810  
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4 0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</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) OR TOWN <b>Normandy</b>		c. CITY OR TOWN <b>Berkeley</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>6324 Graham Rd.</b>	
3. NAME OF DECEASED (Type or print) <b>HARRY M. SMITH, JR.</b>		4. DATE OF DEATH <b>May 12, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>6-13-1919</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SPARES PLANNER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Aircraft</b>	11. BIRTHPLACE (City and state or country) <b>NEW YORK</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Harry M. Smith, Sr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Edna Sleaf</b>		14. NAME OF HUSBAND OR WIFE <b>Rosalie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT <b>Mrs. Rosalie Smith Berkeley 34, Mo.</b>		Address <b>6324 Graham Rd.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Seconds</b>
DUE TO (b) <b>Coronary Occlusion</b>			<b>Minutes</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>Hours &amp; Years</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 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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	COUNTY _____ STATE _____
21. I attended the deceased from <b>Nov-15 1960 to May 12, 1962</b> and last saw him alive on <b>May 11, 1962</b> Death occurred at <b>3:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert E. Owen D.O.</b> (Degree or title)		22b. ADDRESS <b>7587<sup>A</sup> Olive St. Louis 30, Mo.</b>	22c. DATE SIGNED <b>5-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-14-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nashville, Ill.</b>
24. FUNERAL DIRECTOR <b>The Florissant Mortuary, Florissant, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-14-62</b>	26. REGISTRAR'S SIGNATURE <i>J. B. Manly M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Gene A. Hutchens*

Licensed Embalmer No. 4966

P. O. Address Florissant, 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.