

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041171-
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED **F**

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2921

FILED OCT 26 1962

VS 300
Rev. 4/59

1 4002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		a. STATE <u>Mo</u>		b. COUNTY <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. L. County Hosp</u>		Length of stay in lb <u>DAYS</u>		c. CITY OR TOWN <u>CRESTWOOD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARGARET MARIE SMITH</u>		4. DATE OF DEATH Month Day Year <u>10 7 1962</u>		d. STREET ADDRESS (If outside, give location) <u>1600 RIDGEWOOD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-28-1902</u>	9. AGE (last birthday) <u>59</u>	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) <u>CLOTHES CLEANER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>SERAFINA MARCHESI</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SABINA</u>		14. NAME OF HUSBAND OR WIFE <u>HARRY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address <u>HARRY SMITH 1600 RIDGEWOOD</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Uremia</u>							
DUE TO (b) <u>Chronic Glomerulonephritis</u>							
DUE TO (c)							
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.)			
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 checked="" 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 <u>9-24-1962</u> to <u>10-7-1962</u> and last saw her <u>her</u> alive on <u>10-7-1962</u>							
Death occurred at <u>4:35 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. J. Harris M.D.</u>				22b. ADDRESS <u>601 S. Brentwood Blvd.</u>		22c. DATE SIGNED <u>10/9/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-10-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA</u>		23d. LOCATION (City, town, or county) (State) <u>ST LOUIS Co, Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>SCHNUR 3125 LAFRAYE</u>			25. DATE RECD. BY LOCAL REG. <u>10-9-62</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		

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 Wm J. Binkley

Licensed Embalmer No. 3655

P. O. Address St Louis

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.