

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034120

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8278 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 218
3
4 1
5 0
6
7 0
8 2
9
10
11
12 86-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED AUG 22 1963

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay, in 1b

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stone Nursing Home Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 2915 Caroline St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Ellen (Ella) Smith

4. DATE OF DEATH Month Day Year 8/13/63

5. SEX F. 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/15/90 9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Philip Smith 13b. MOTHER'S MAIDEN NAME Mary Dequire 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No 16. SOCIAL SECURITY NO. 17. INFORMANT Address ? Mr. Mattern 611 Olive St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 450.0

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 Month, Day, Year a.m. p.m.

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 4/1/62 to Present and last saw her alive on 8/11/63 Death occurred at 3 AM 8/13/63 on the ~~day~~ above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sheldon Bluff 22b. ADDRESS Barnes Hospital 22c. DATE SIGNED (State) 8/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/16/63 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Robert D. Kinealy 2228 St. Louis Ave. 25. DATE RECD. BY LOCAL REG. AUG 14 1963 26. REGISTRAR'S SIGNATURE Carol Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

101/80-102

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

Herbert J. Dan Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 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.