

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046592  
STATE FILE NUMBER

Registered District No. 317 Primary Registration District No. 544 Registrar's No. 3754

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH - a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KIRKWOOD</u> Length of stay in 1b <u>6 WKS</u>		c. CITY OR TOWN <u>LAKE AELE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST JOSEPH HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NEHAMEC TOWNSHIP</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JEAN</u> Middle <u>I.</u> Last <u>SMITH</u>			4. DATE OF DEATH Month <u>12</u> - Day <u>8</u> - Year <u>1963</u>
5. SEX <u>F</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>OCT 19 - 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and state or country) <u>ST LOUIS Mo</u>
13a. FATHER'S NAME <u>HENRY JACKSON</u>		13b. MOTHER'S MAIDEN NAME <u>THEODOSIA SHELTON</u>	14. NAME OF HUSBAND OR WIFE <u>MALTY H SMITH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u> )		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT Address <u>MALTY H. SMITH LAKE AELE</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH _____
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 <u>Oct. 15, 1963</u> to <u>Dec 7, 1963</u> and last saw her alive on <u>Dec 8, 1963</u> Death occurred at <u>8:50</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles E. Hoxenberry, M.P.</u>		22b. ADDRESS <u>135 W. Adamo Ave., Kirkwood 22, Mo.</u>	22c. DATE SIGNED <u>Dec 9, 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-10-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES BURIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS Co, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>BRIMMER FUNERAL HOME - HOUSE SPRINGS Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-9-63</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

STATE-000

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**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 Hector J. San Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 27 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.