

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046595

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3624 STATE FILE NUMBER

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

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 16 1963											
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Length of stay in 1b <u>D.O.A.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Clayton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>152 N. Brentwood Blvd.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED First Middle Last <u>LUCILE E. SMITH</u>											
4. DATE OF DEATH Month Day Year <u>Nov. 26 1963</u>											
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>										
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-4-1891</u>										
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>										
10a. FATHER'S NAME <u>William Figge</u>	10b. MOTHER'S MAIDEN NAME <u>Magdalene Fabick</u>										
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	12. SOCIAL SECURITY NO. <u>None</u>										
13. CAUSE OF DEATH (Enter only one cause per line) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">PART I. DEATH WAS CAUSED BY:</td> <td style="text-align: center;">INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td style="text-align: center;">IMMEDIATE CAUSE (a) <u>Unknown natural causes</u></td> <td style="text-align: center;"><u>Unk</u></td> </tr> <tr> <td> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. </td> <td></td> </tr> <tr> <td style="text-align: center;">DUE TO (b) _____</td> <td></td> </tr> <tr> <td style="text-align: center;">DUE TO (c) _____</td> <td></td> </tr> </table>	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	IMMEDIATE CAUSE (a) <u>Unknown natural causes</u>	<u>Unk</u>	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE <u>Late Edward B. Smith</u> 15. INFORMANT <u>Thomas E. Smith 306 Crabtree Lane</u> Address <u>Glen View, Ill.</u>
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH										
IMMEDIATE CAUSE (a) <u>Unknown natural causes</u>	<u>Unk</u>										
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) _____											
DUE TO (c) _____											
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20a. ACCIDENT <input type="checkbox"/></td> <td>SUICIDE <input type="checkbox"/></td> <td>HOMICIDE <input type="checkbox"/></td> </tr> </table>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>							
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18. TIME OF INJURY Hour a.m. p.m. _____ Month, Day, Year _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)</td> <td>20c. CITY, TOWN, OR LOCATION</td> <td>COUNTY</td> <td>STATE</td> </tr> </table>	20b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20c. CITY, TOWN, OR LOCATION	COUNTY	STATE	19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20c. CITY, TOWN, OR LOCATION	COUNTY	STATE								
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <u>DOA County. Hosp. 3:31p</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Jaymond Hand</u> Coroner	22b. ADDRESS <u>Clayton, Missouri</u>										
22c. DATE SIGNED <u>12/4/63</u>	23. LOCATION (City, town, or county) (State) <u>Flint Hill, Mo.</u>										
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>	23b. DATE <u>Nov. 29, 1963</u>										
23c. NAME OF CEMETERY OR CREMATORY <u>Flint Hill, Mo.</u>	23d. LOCATION (City, town, or county) (State)										
24. FUNERAL DIRECTOR <u>Kriegshauser 4228 S. Kingshighway Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>11-27-63</u>										
26. REGISTRAR'S SIGNATURE <u>J. B. Mumfley M.D.</u>											

USE BLACK INK OR TYPEWRITER RIBBON

STATE BOARD OF HEALTH

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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 *R.W. Stover*

Licensed Embalmer No. 21607

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.

B-SP