

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3255

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Maplewood		c. LENGTH OF STAY (In this place) 54		c. CITY (If outside corporate limits, write RURAL and give township) Maplewood 4004	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7368 Hazel			d. STREET ADDRESS (If rural, give location) 7368 Hazel		
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ANN		c. (Last) SMITH	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1951					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 21, 1856	9. AGE (In years) (last birthday) 94	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Plattin, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME John T. Byrd		13b. MOTHER'S MAIDEN NAME Lou Catherine Smith		14. NAME OF HUSBAND OR WIFE William A. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucile Smith, 7368 Hazel	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 days Chr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 5, 1950 , to Jan 2, 1951 , that I last saw the deceased alive on Dec. 30, 1950 , and that death occurred at 7:00 p.m. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) O. Deebaugh M.D.		23b. ADDRESS Webster Groves Mo		23c. DATE SIGNED 1-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-3-51		24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	
24d. LOCATION (City, town, or county) (State) Festus, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Festus, Missouri			
DATE REC'D BY LOCAL REG. 1/3/51		REGISTRAR'S SIGNATURE Hubert R. Tomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Festus, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. Wm. Buckley
Licensed Embalmer No. 3523

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 this body is not embalmed, fact should be so stated above.