

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1793

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Marine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 107 days (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X 96
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 4155 West Belle (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dixie Smith

3. (b) If veteran, name war unknown

3. (c) Social Security No. 497-05-2772

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th year 1941 hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from May 13, 1941 to Aug. 28th, 19 41, that I last saw him alive on Aug. 28th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 10 min

Due to Cardiac disease, Cardiorenal vascular unknown

Due to _____

Other conditions none (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations none Of autopsy none PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence _____
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature O. V. Bailey (M. D. or other) 0
Address Marine Hospital, Kirkwood Date signed 8-29-41

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 13 _____ hr. _____ min.

9. Birthplace Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Str. Admiral

12. Name Scales Smith

13. Birthplace Miss (City, town, or county) (State or foreign country)

14. Maiden name Louisa Smith

15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records of Hospital

(b) Address Kirkwood, Missouri

17. (a) Burial (b) Date thereof Sept 2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters

18. (a) Signature of funeral director J W Hughes

(b) Address 2620 Lathrop St

19. (a) AUG 31 1941 (b) J Mc Lauron
(Date received local registrar) (Registrar's signature)

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

SEP 4 1944

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Lyda Hughes

Licensed Embalmer No.

2938

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.