

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7055**
Registrar's No. **2248**

FILED MAR 15 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME Pink Smith

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex M. 2 5. Color or race C 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ADA SMITH 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased: 9 : 20 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Name Ma. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Ellen Smith 9
13. Birthplace unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name R. Ada
15. Birthplace unknown 19
(City, town, or county) (State or foreign country)

16. (a) Informant ada Smith
(b) Address 2912nd Madison St
17. (a) BURIAL (b) Date thereof 3-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 S. Fordard St.
19. (a) MAR 5 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 a d
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2919 Madison 7
20 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2
year 1948 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 3, 1947 to Mar. 2, 1948;
that I last saw h. im alive on Mar. 2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Epidermoid Carcinoma of Left Ethmoid Sinus
Duration Undet.

Due to _____
Due to _____ 55

Other conditions Late Latent Syphilis Undet.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (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 Burton E. Phillips (M. D. or other) _____
Address 2601 N Whittier Date signed 3/3/48

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

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. -