

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

633

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**
 c. LENGTH OF STAY (In this place) **21 HOURS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Barnes Hospital.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
 a. STATE **Missouri**
 b. COUNTY **Greene**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**
 d. STREET ADDRESS (If rural, give location) **1629 So. Pickwick**

3. NAME OF DECEASED
 a. (First) **JAMES**
 b. (Middle) **TAYLOR**
 c. (Last) **SMITH**

4. DATE OF DEATH (Month) (Day) (Year)
JANUARY 20, 1949

5. SEX **MALE**
6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
June 9, 1918

9. AGE (In years last birthday) **30**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Jefferson Barracks, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
Ivan Smith

13b. MOTHER'S MAIDEN NAME
Grace Hunt

14. NAME OF HUSBAND OR WIFE
Dixie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Dixie Smith, Springfield, Mo.**
ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Asphyxiated**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Obstruction of Hepatic Vein**
 DUE TO (c) **Hypoxia**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
5761-175

20. AUTOPSY?
 YES NO

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) _____ m.

21e. INJURY OCCURRED
 WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 19, 1949, to JAN 20, 1949, that I last saw the deceased alive on JAN 20, 1949, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. B. Bradley M.D.

23b. ADDRESS
Barnes Hospital.

23c. DATE SIGNED
1/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
1-23-49

24c. NAME OF CEMETERY OR CREMATORY. _____ **24d. LOCATION** (City, town, or county) (State) _____
Springfield, Mo.

DATE REC'D BY LOCAL REG. _____ **REGISTRAR'S SIGNATURE**
J. B. Sasator

25. FUNERAL DIRECTOR'S SIGNATURE _____ **ADDRESS**
Albert H. Hoppe, 4700 Washington Blvd.

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

APR 22 1949

MAR 1 1949

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

Student Embalmer

Signed.....

Elton R. H. Remelius

Licensed Embalmer No. *4283*.....

P. O. Address.....

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.