

FILED MAR 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. 760830

Registrar's No. 89

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 12</u>		d. STREET ADDRESS (If rural, give location) <u>924 Bell Avenue 1</u>	

3. NAME OF DECEASED (Type or Print) <u>QUEENIE SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1949</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>1872?</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>
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13a. FATHER'S NAME <u>BUCK CARTER</u>	13b. MOTHER'S MAIDEN NAME <u>DIANA COLEMAN</u>	14. NAME OF HUSBAND OR WIFE <u>WILL SMITH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital No. 12 Records</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhagic arteriosclerosis</u>		
	DUE TO (c) <u>Psychosis with other disturbance of circulation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>35ix</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from March 15, 1949, to March 16, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wayne H. Heflitz M.D.</u>	23b. ADDRESS <u>Fulton Missouri</u>	23c. DATE SIGNED <u>16 Mar 49</u>
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24a. BURIAL (PREPARATION) (Specify) _____	24b. DATE <u>Mar. 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar. 21-1949</u>	REGISTRAR'S SIGNATURE <u>Joyce Morsueckhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cham Weeks</u>	ADDRESS <u>Fulton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

14

Date Filed
MAR 28 1949

District Health Officer No. 9
RECEIVED

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.....

Licensed Embalmer No.....

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.