

FILED APR. 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10667

State File No. \_\_\_\_\_

#49248

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2886

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.   |   | c. LENGTH OF STAY (in this place)   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis                               |   | 17<br>0   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.   |   |   | d. STREET ADDRESS (If rural, give location) 808 S. 3rd St.,  |   |   |
| 3. NAME OF DECEASED (Type or Print)   | a. (First) OLIVER   | b. (Middle) CURTIS  | c. (Last) SMITH  | 4. DATE OF DEATH (Month) (Day) (Year) 3/22/49 |   |
| 5. SEX male   | 6. COLOR OR RACE white  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single                 | 8. DATE OF BIRTH Dec. 5th, 1873  | 9. AGE (In years last birthday) 75            | IF UNDER 1 YEAR Months  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A.  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) Unknown Illinois                    |  | 12. CITIZEN OF WHAT COUNTRY? U.S.             |   |
| 13a. FATHER'S NAME George Smith   |   | 13b. MOTHER'S MAIDEN NAME Mary Unknown  |  | 14. NAME OF HUSBAND OR WIFE none              |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  | 16. SOCIAL SECURITY NO. Unknown   | 17. INFORMANT'S SIGNATURE OR NAME M.A. Renard St. Louis City Hospital ADDRESS |  |   |   |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Head of Pancreas<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>469 |   |  |   | INTERVAL BETWEEN ONSET AND DEATH                                      |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION 148  |   |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)   | 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 2/11/49, 19__ to 3/22/49, 19__, that I last saw the deceased alive on 3/22/49, 19__, and that death occurred at 6:00 PM, from the causes and on the date stated above. |   |   |  |   |   |
| 23a. SIGNATURE M. Marvin Hallam M.D.  |   |   | 23b. ADDRESS 1515 Lafayette Ave.,  |   | 23c. DATE SIGNED 3/23/49  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 24b. DATE 2/23/49   | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park                              | 24d. LOCATION (City, town, or county) (State) Normandy, Mo   |   |   |
| DATE REC'D BY LOCAL REG. MAR 30 1949  | REGISTRAR'S SIGNATURE J. B. Lassater  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Hoppe 4700 Washington  |   |   |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*No Embalmed*

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.