

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1949

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

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>4183</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>FRANKLIN</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL</u>		a. STATE <u>MO.</u>		b. COUNTY <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>76</u>		OR TOWN <u>13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEGRAMEC RIVER FRANKLIN CO.</u>				d. STREET ADDRESS (If rural, give location) <u>3129 AIRWAY</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALVIN</u>		b. (Middle) <u>(NONE)</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF DEATH <u>Undetermined Abt. 4/9/49</u>		9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTAINENCE</u>		11. BIRTHPLACE (State or foreign country) <u>COLUMBUS, GEORGIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>(UNKNOWN) SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>DAISY E. SMITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAISY E. SMITH</u> ADDRESS <u>3129 AIRWAY OVERLAND MO.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MEGRAMEC RIVER</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FRANKLIN COUNTY MISSOURI</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>UNDETERMINED</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DROWNING</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. J. Sullivan</u> (Degree or title)				23b. ADDRESS <u>MO</u>		23c. DATE SIGNED <u>4/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>		24d. LOCATION (City; town, or county) (State) <u>ST. LOUIS CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 6 - 49</u>		REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHARLES J. GATES</u>		ADDRESS <u>4107 FINNEY</u>	

MAY 9 1950
MAY 20 1950
FEB 28 1950

FEB 24 1954

MAY 9 1950

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.

Not Embalmed!

Signed *Thomas J. Bates*

Signed _____
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 7

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.