

THE DIVISION OF HEALTH OF MISSOURI  
 FILED APR 23 1949... STANDARD CERTIFICATE OF DEATH

State File No. **14344**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **784**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>St. Louis Co.</b>	
b. CITY OR TOWN <b>CHAYTON</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>SOUTH KINLOCH</b> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <b>15 DAYS</b>		d. STREET ADDRESS <b>BRENNAN + JONES</b> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Co. Hospital</b>			
3. NAME OF DECEASED (Type or Print) <b>JAMES</b>		a. (First) <b>JAMES</b>	b. (Middle) <b>SMITH</b>
c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 29 - 49.</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 8, 1898</b>
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 YEAR Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Spring Co</b>	11. BIRTHPLACE (State or foreign country) <b>GREENWOOD, MISS!</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>JOE SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>SUSIE</b>	14. NAME OF HUSBAND OR WIFE <b>MARINA PHILLIPS</b>
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 _____ 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Syphilitic aortitis</b>		
DUE TO (c) <b>023A</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>30d</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 **3-14 - 1949**, to **3-29 - 1949**, that I last saw the deceased alive on **3-29 - 1949**, and that death occurred at **1:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Belmont P. High</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>6015 BRENTWOOD, CHAYTON MO.</b>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>4-4-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Ph. Cem.</b>
24d. LOCATION (City, town, or county) <b>St. Louis County MO.</b>		(State) _____
DATE REC'D BY LOCAL REG. <b>3-31-49</b>	REGISTRAR'S SIGNATURE <b>Charles B. Leming</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Max. L. Stanga</b> ADDRESS _____

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 \_\_\_\_\_

*Henry C Williams*

Student Embalmer No. *306*

working under my personal supervision.

Student *Henry C Williams*  
Student Embalmer

Signed *Edward G Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548 Page*

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.

*Licens 7664*