

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39315

318

1003

State File No. 9992

9992

BIRTH NO. 76831-49 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri | | b. COUNTY Missouri | |
| c. LENGTH OF STAY (In this place) 4 Hours | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | d. STREET ADDRESS (If rural, give location) W.R. 2415 Henral Court | |

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|---|---------------------------|--|-------------------------------------|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Ronald | b. (Middle) James | c. (Last) Smith | (Month) Nov. | (Day) 19th | (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant | 8. DATE OF BIRTH Nov. 19th, 1949 | 9. AGE (In years last birthday) 0 | IF UNDER 1 YEAR Months 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Saint Louis | 12. CITIZEN OF WHAT COUNTRY? 0 |

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|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME James S. Smith | 13b. MOTHER'S MAIDEN NAME Marjorie Sullins | 14. NAME OF HUSBAND OR WIFE |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME James S. Smith, 2415 Henral Ct. Jennings | ADDRESS MO. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Defeat Tmo. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Normal otherwise | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
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| 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? 159 776X |
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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 9:40 P m., from the causes and on the date stated above.

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|---------------------------------------|-------------------|--------------------------------------|------------------------------|
| 23a. SIGNATURE Alfred Kelkins M.D. | (Degree or title) | 23b. ADDRESS 2301 N. Kingshighway | 23c. DATE SIGNED 11/21/49 |
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|---|-----------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/21/49 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri |
|---|-----------------------|--|---|

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|---|---------------------------------------|--|
| DATE REC'D BY LOCAL REG. NOV 21 1949 | REGISTRAR'S SIGNATURE J. B. Foster | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2501 N. W. 11th Avenue
Mo. 8365 - WE 4-8182

11:00 am to 1:00 pm
Monday

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 John A. Wilson

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.