

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH18666
State File No. 4871

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4871			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3441 No. Union Blvd.				d. STREET ADDRESS (If rural, give location) 3441 N. Union Blvd. 0					
3. NAME OF DECEASED (Type or Print)			a. (First) CHRISTOPHER		b. (Middle) P.		c. (Last) SMITH		
4. DATE OF DEATH		(Month) June		(Day) 1st		(Year) 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Feb. 11 1891			
9. AGE (in years last birthday) 59		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Plumber			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME James F. Smith		13b. MOTHER'S MAIDEN NAME Elizabeth McStay		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO. 486-28-4190		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Smith 1620 Arlington Ave.					
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (& or Thrombosis) 1 hr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular dis. 10yr. DUE TO (c) Pulmonary Tuberculosis, chronic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5 yr.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) H2017					
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 May 31, 19 50 to June 1, 19 50 that I last saw the deceased alive on June 1, 19 50 and that death occurred at 7 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Bennett R. Wood M.D.				23b. ADDRESS 3442 Geraldine St. Louis Mo.		23c. DATE SIGNED 6-2-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/3/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. JUN 2 1950		REGISTRAR'S SIGNATURE J. R. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir. 2849 N. Euclid					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Robert L. Brubaker*
Licensed Embalmer No. *3553*

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.