S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18996

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1244

400-1 3

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

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kinloch
c. LENGTH OF STAY (in this place): 19yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 9 Kinloch Mo. 4090
d. STREET ADDRESS (If rural, give location): King and Bangard

3. NAME OF DECEASED (Type or Print): a. (First) Marshall b. (Middle) Jackson c. (Last) Smith

4. DATE OF DEATH (Month) 5 (Day) 14 (Year) 50

5. SEX: male 2
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11-4-1916
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Nathaniel Jackson
13b. MOTHER'S MAIDEN NAME: Jessie Smith
14. NAME OF HUSBAND OR WIFE: Helen Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Percy Williams Stepfather kinloch

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) incised wound of neck, severing an artery - inflicted by his wife

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.* E982X

INTERVAL BETWEEN ONSET AND DEATH: E982X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): car-public street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kinloch Park, St. Louis, Mo.

21d. TIME OF INJURY (Month) 5 (Day) 14 (Year) 50 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? throat cut with knife

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 (Degree or title): Arnold J. Willmann 3 Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 5/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-16-50
24c. NAME OF CEMETERY OR CREMATORY: Washington Pk.
24d. LOCATION (City, town, or county) (State): St. Louis Cty. Mo

DATE REC'D BY LOCAL REG.: 5-16-50
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D. SEW
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Loyd Bros Funeral Home Kinloch

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A Flynn

Licensed Embalmer No. 14444

P. O. Address 4548 a Rand

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.