

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 28684
7486

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2219</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2831 Easton Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) _____		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 29 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Separated</u>		8. DATE OF BIRTH <u>Nov. 1, 1902</u>			
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR (Months) <u>9</u>		IF UNDER 24 HRS. (Days) <u>28</u>		IF UNDER 6 HRS. (Hours) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pacific, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wes Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Susie Grooms</u>			14. NAME OF HUSBAND OR WIFE <u>Stella 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Moore</u>			ADDRESS <u>4035 Enright Ave.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Larynx with Metastasis to Cervical Lymph Nodes and Direct Involvement of Esophagus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 Mos (2)</u>	
19a. DATE OF OPERATION <u>3-20-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Larynx with Metastasis</u>						20. AUTOPSY? YES <input checked="" 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) _____		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? <u>161X</u>							
22. I hereby certify that I attended the deceased from <u>2-3</u> , 19 <u>50</u> , to <u>8-29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-29</u> , 19 <u>50</u> , and that death occurred at <u>9 p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Julian Giles</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>8-31-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>9-2-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>			
DATE REC'D BY LOCAL REG. <u>SEP 2 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Parson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home, Inc.</u>					
				ADDRESS <u>2820 Stoddard.</u>					

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.

Student Embalmer No.....

Signed..... *Fulton E. Culkin*

Signed.....
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 15*

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.