

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31920**
7923
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys infirmary.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
3. NAME OF DECEASED (Type or Print) a. (First) Ledruew b. (Middle) c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Sept, 16, 1950.	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1898
9. AGE (In years last birthday) 51		10. MONTHS 10	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		11. BIRTHPLACE (State or foreign country) Magee, Miss.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Noah Smith		13b. MOTHER'S MAIDEN NAME Mary Thompson	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Julia Smith.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W. #1 (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Julia Smith		ADDRESS 455I Newberry Tr.	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombophlebitis (Pelvic) Pulmonary ANTECEDENT CAUSES Post Surgery Wound Infection Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exhaustion DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 30 min. 20 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 8/11/50	19b. MAJOR FINDINGS OF OPERATION Enlarged Prostate Benign	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 610X

22. I hereby certify that I attended the deceased from **8-7**, 19**50**, to **Sept. 16**, 19**50**, that I last saw the deceased alive on **9/16**, 19**50**, and that death occurred at **1:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE Daniel W. Brown M.D. (Degree or title)	23b. ADDRESS 1170 Jefferson Ave	23c. DATE SIGNED 9/18/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/22/50	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Wright's Funeral Home ADDRESS 3100 Easton Ave.	
DATE REC'D BY LOCAL REG. SEP 19 1950	REGISTRAR'S SIGNATURE [Signature]	

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

OCT 24 1950

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

Arthur L. Halliard

Signed.....

Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4049 St Jerderson*

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.