

FILED NOV 3 1950

## STANDARD CERTIFICATE OF DEATH

35343

State File No. 9132

BIRTH NO. _____		REG. DIST. NO. <u>918</u>		CRIMINAL RECORD NO. <u>100</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, Missouri</u>		c. LENGTH OF STAY (In this place) <u>9 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8121</u> OR TOWN <u>QUINCY</u>		d. STREET ADDRESS (If rural, give location) <u>406 50. 16<sup>TH</sup> STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>10-30-49</u>	
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>7</u> Days _____ IF UNDER 12 HRS. _____	
11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>				12. CITIZEN OF WHAT COUNTRY? <u>AMER.</u>			
13a. FATHER'S NAME <u>LOY F. SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>GLADYS FUQUA</u>		14. NAME OF HUSBAND OR WIFE <u>nil</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D. SHELTER</u> ADDRESS <u>500 S. KINGS HIGHWAY</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glycogen Storage Disease</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>289.2</u>			
22. I hereby certify that I attended the deceased from <u>10-15</u> , 1950, to <u>10-23</u> , 1950, that I last saw the deceased alive on <u>10-23</u> , 1950, and that death occurred at <u>8:02 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. L. Thurston</u> (Degree or title) _____				23b. ADDRESS <u>Childrens Hospital</u>		23c. DATE SIGNED <u>10-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Quincy, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>OCT 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington</u>			

(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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. Remelius

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

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.