

STANDARD CERTIFICATE OF DEATH

State File No. **35623**

FILED OCT 26 1950

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **2501**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. LENGTH OF STAY (In this place) 44 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 724 Syracuse		c. CITY (If outside corporate limits, write RURAL and give township) 33 University City	
3. NAME OF DECEASED a. (First) HENRY (Type or Print)		b. (Middle) I.	
c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug. 2, 1886
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Tailor	11. BIRTHPLACE (State or foreign country) London England 4
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Smith	
13b. MOTHER'S MAIDEN NAME Sarah Harbour		14. NAME OF HUSBAND OR WIFE Miriam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, for unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-05-0509	
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. Corwin		ADDRESS 6817 Washington	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 mo?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 10-1, 1950 , to 10-16, 1950 , that I last saw the deceased alive on 10-10, 1950 , and that death occurred at 7:50A m., from the causes and on the date stated above.			
23a. SIGNATURE William A. Turner		23b. ADDRESS M 2 0 16 Hampton Yuley Plaza	
23c. DATE SIGNED 10/16/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/16/50	
24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona		24d. LOCATION (City, town (or county)) (State) University City Mo.	
DATE REC'D BY LOCAL REG. OCT 17 1950		REGISTRAR'S SIGNATURE W. R. Donke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	

(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.

Student Embalmer No.

Signed

Quinn P. Quiring

Signed.....
Student Embalmer

Licensed Embalmer No. *4229*

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.