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FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6668
1718

BIRTH NO. 11216-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 13 Hrs. 5 Min.	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Peoples Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison 8120 d. STREET ADDRESS (If rural, give location) 906 Madison Avenue 8	

3. NAME OF DECEASED (Type or Print) a. (First) Dexter b. (Middle) c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) February 9, 1951		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH February 8, 1951	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) d	12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Earl Smith	13b. MOTHER'S MAIDEN NAME Helen Walker	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Helen Smith	ADDRESS 906 Madison Ave.
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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) Respiratory Failure - Cerebral anoxia		INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prolonged labor - cerebral damage		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Positive Serology		DUE TO (c) Uterine inertia = arrested descent

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 2/6-10-B

22. I hereby certify that I attended the deceased from 2/8/51, 19, to 2/9/51, 19, that I last saw the deceased alive on 2/9/51, 19, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Henry Cedeno (Degree or title) mfd	23b. ADDRESS 2221 Locust St	23c. DATE SIGNED 2/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6 FEB 21 1951	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. FEB 21 1951	REGISTRAR'S SIGNATURE J. B. Luster	25. FUNERAL DIRECTOR'S STATEMENT Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.