

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File # 10641

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2806

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		b. COUNTY <i>2007</i>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kingston, Jamaica B. W. I.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <i>3125a N. Taylor Ave.</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Cyril</i>	b. (Middle) <i>Howard</i>	c. (Last) <i>Smart</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>March 22, 1951</i>
-------------------------------------	-------------------------	---------------------------	------------------------	--

5. SEX <i>Male</i>	6. COLOR OR RACE <i>W. Indian</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>March 15, 1881</i>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <i>70 0 7</i>
--------------------	-----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Barber</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Barber Shop</i>	11. BIRTHPLACE (State or foreign country) <i>Manchester, Jamaica B. W. I.</i>	12. CITIZEN OF WHAT COUNTRY? <i>Britain</i>
--	---	--	--

13a. FATHER'S NAME <i>John Smart</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah ?</i>	14. NAME OF HUSBAND OR WIFE <i>Olive Smart</i>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Dr. Leon A. Smart</i>	ADDRESS <i>3125a N. Taylor</i>
--	--	---	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <i>9 mos.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Bladder Metastatic</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Congestion (Terminal)</i> 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 <i>101x</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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 *Jan*, 1951, to *March 22*, 1951, that I last saw the deceased alive on *March 21*, 1951, and that death occurred at *11:10a.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Samuel U. Brown M.D.</i>	23b. ADDRESS <i>1170 Jefferson Ave</i>	23c. DATE SIGNED <i>March 23 1951</i>
---	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>28 Mar 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Unknown</i>	24d. LOCATION (City, town, or county) (State) <i>Manama Florida</i>
---	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <i>MAR 26 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Roster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. J. Nash</i>	ADDRESS <i>2872 Page</i>
--	--	---	-----------------------------

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 _____

C. J. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. 2437

P. O. Address. 3847 Page

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.