

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

318

1005

State File No. 21450
5440

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 2 TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2229 TOWN Saint Louis		d. STREET ADDRESS (If rural, give location) 2107 Randolph Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples' Hospital				d. STREET ADDRESS (If rural, give location) 2107 Randolph Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Thomas		b. (Middle) Smith		c. (Last) Smith	
4. DATE OF DEATH (Month) (Day) (Year) 6 - 14 - 1951		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 9 - 15 - 1888		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Candy Company		11. BIRTHPLACE (State or foreign country) Helena, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. 497-10-8925		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Stainback, 2107 Randolph			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Robert M. Mammone Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 7	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input 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) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490X				22. I hereby certify that I attended the deceased from 6/11 , 19 51 , to 6/13 , 19 51 , that I last saw the deceased alive on 6/13 , 19 51 , and that death occurred at 11:30 PM from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. B. Lantier		23b. ADDRESS 3122 Franklin Ave		23c. DATE SIGNED 6/14/51		24a. BURIAL, CREMATION REMOVAL (Specify) Burial	
24b. DATE 6/18/51		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. JUN 15 1951	
REGISTRAR'S SIGNATURE J. B. Lantier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples' Und. Co., 3100 Franklin					

(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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *4575 Alder*

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.