

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25302  
6437

State File No. ....

FILED JUL 28 1951

BIRTH NO. 48976-57 REG. DIST. NO. 249 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).	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>1227 AUBERT AVENUE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
		<u>Infant</u>	<u>SMITH</u>	<u>JULY 12 1951</u>
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
<u>FEMALE</u>	<u>NEGRO</u>	<u>1</u>	<u>JULY 11, 1951</u>	<u>21 10</u>
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)	12. CITIZEN OF WHAT COUNTRY?	
		<u>ST. LOUIS, MISSOURI</u>		

13a. FATHER'S NAME <u>VIRGIL WESLEY SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>WILMA ARMELIA SWANIGAN</u>	14. NAME OF HUSBAND OR WIFE
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 ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>? intracranial hemorrhage</u>	
	ANTECEDENT CAUSES	DUE TO (b) <u>difficult delivery</u>	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>premature</u>	
	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7600</u>

22. I hereby certify that I attended the deceased from July 11, 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gloria Kelly, M.D.</u>	(Degree or title)	23b. ADDRESS <u>4165 Kingz Highway</u>	23c. DATE SIGNED <u>7-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JUL 19 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <u>JUL 19 1951</u>	REGISTRAR'S SIGNATURE <u>J B Foster</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Sorvace - 4104 Manchester</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.