

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25317**  
**6492**  
Registrar's No. **6492**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>2 weeks</b>		STREET ADDRESS (If rural, give location) <b>5107 Cote Brilliante Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnate Word Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>H.</b>	
c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 19 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Mar. 3 1865</b>
9. AGE (In years last birthday) <b>86</b>		10. MONTHS <b>7</b>	11. DAYS <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Illinois</b>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Minnie Smith</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. D. McSpadden, 8705 Nashville Ave.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Palmonary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture Rt Hip</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>O.K. Joseph M. Jumper Deputy Coroner</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None. Rt Femur</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>7-19-51</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo 5107 Cote Brill</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7 5 51 4</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell getting out of bed</b>	
22. I hereby certify that I attended the deceased from <b>7-5-51</b> , to <b>7-19-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7-19-51</b> , 19 <b>51</b> , and that death occurred at <b>7:22 p m.</b> , from the causes and on the date stated above. <b>21</b>			
23a. SIGNATURE <b>J. D. McSpadden</b>		23b. ADDRESS <b>1927 S Union</b>	
23c. DATE SIGNED <b>7/21/51</b>		24. NAME OF CEMETERY OR CREMATORY <b>Robinson Co. Cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. LOCATION (City, town, or county) (State) <b>Pocahontas Ill</b>	
24c. DATE <b>7/21/51</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. B. Harter</b>		ADDRESS <b>1905 Union Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1280  
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Albert R. Thompson Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4437*

P. O. Address *St. Louis*

**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