

FILED OCT 10 1951

STANDARD CERTIFICATE OF DEATH

31861

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8408**

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

1. PLACE OF DEATH a. COUNTY St. Louis			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		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION People's Hospital			d. STREET ADDRESS (If rural, give location) 21 2025 A Cole St.		
3. NAME OF DECEASED (Type or Print) a. (First) Hattie		b. (Middle) _____		c. (Last) Smith	
4. DATE OF DEATH (Month) (Day) (Year) 9 20 51					
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 10-18 1908	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Days 11 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME William Ferguson		13b. MOTHER'S MAIDEN NAME Laura Martin		14. NAME OF HUSBAND OR WIFE Thomas Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Thomas Smith ADDRESS 2025 A. Cole St.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH 2 hr
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Surgical operation			5 da
		DUE TO (b) _____			
		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 Hernia with adhesions		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 560.5	

22. I hereby certify that I attended the deceased from **Aug 24, 1951** to **Sept 20, 1951**, that I last saw the deceased alive on **Sept 19, 1951**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. A. Lewis M.D.		23b. ADDRESS 3154 1/2 Easton St. Mo		23c. DATE SIGNED 9/22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-24-51		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis Missouri					
DATE REC'D BY LOCAL REG. SEP 24 1951		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. ADDRESS 2820 Stoddard St.	

