

FILED OCT 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 35877

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3341

4003

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) Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri	
c. LENGTH OF STAY (in this place) 113		d. STREET ADDRESS (If rural, give location) 1033 No. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Public Health Service Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Andy b. (Middle) D c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 3, 1904		9. AGE (In years last birthday) 47 IF UNDER 1 YEAR: Months Days IF UNDER 1 HR.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deckhand		10b. KIND OF BUSINESS OR INDUSTRY Str. Kokoda		11. BIRTHPLACE (State or foreign country) Miss.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Joe Smith		13b. MOTHER'S MAIDEN NAME Rae Barlow		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clinical Records of U.S. Public Health Service Hospital Kirkwood, Mo.	

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) Post-operative hemorrhage following pneumonectomy right lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inflammatory Fibrosis, right lung DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hrs. 3 mo.	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						

19a. DATE OF OPERATION 10-1-51		19b. MAJOR FINDINGS OF OPERATION Inflammatory fibrosis			20. AUTOPSY? YES <input checked="" 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) 525X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 6:40 P.M.			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 June 10, 1951, to Oct. 1, 1951, that I last saw the deceased alive on Oct. 1, 1951, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (In full or title) H. A. HINDMAN		23b. ADDRESS 525 Couch Ave., Kirkwood, Mo.		23c. DATE SIGNED 10-4-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-6-51		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 10-5-51		REGISTRAR'S SIGNATURE Robert P. ...		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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.....

John J. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, Mo.*

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.