

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39743

State File No.

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10040**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>1119</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>1823 N. Taylor</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Anthony	b. (Middle)	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 11-8-51
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 10, 1889</i>	9. AGE (In years last birthday) <i>62</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>6</i>	IF UNDER 24 HRS. Hours <i>1</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during last week, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S. C.</i>
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13a. FATHER'S NAME <i>Adam Smith</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE
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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 <i>Zenobia Thomas</i>	ADDRESS <i>1105 N. Renard</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleural Effusion Pulmonary Edema and metastases to ribs			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <i>177X</i>
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22. I hereby certify that I attended the deceased from **10-22**, 19**51**, to **11-8**, 19**51**, that I last saw the deceased alive on **11-8**, 19**51**, and that death occurred at **3:20p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Clarence M. Jurek, M.D.</i>	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 11-9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-13-51	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
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DATE REC'D BY LOCAL REG. NOV 13 1951	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Atkins Bros.</i>	ADDRESS <i>3644 Fenwick</i>
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

R. V. Atkins

Signed _____
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Fern

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.