

X
No. 300
10.48

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39744

State File No. _____

318

1003

10261

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 3 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		f. STREET ADDRESS (If rural, give location) 2818 N. 22nd St	

3. NAME OF DECEASED (Type or Print)	a. (First) Binty	b. (Middle) Amos	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) November 17 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Mississippi Wood	11. BIRTHPLACE (State or foreign country) Cairo Ills	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Smith	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Georgia Jean Smith
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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) no	16. SOCIAL SECURITY NO. 499-12-6225	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Georgia Jean Smith 2818 N. 22nd St
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Subcutaneous embolism; Lt. leg; when struck by car operated by one Donald Meyer on Rauschenbach Str. north of St Louis Ave about 110 pm Oct 28 1951		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1951		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo E8124
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct 28 51 110 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? SSO
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Remy Corcoran (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11/19/51
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24a. BUREAU OF CREMATION REMOVAL (Specify) Removal	24b. DATE November 19 1951	24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co Mo
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DATE REC'D BY LOCAL REG. NOV 19 1951	REGISTRAR'S SIGNATURE Gene Smith W40	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Calvi F Feutz 4828 Nat Bridge Blvd
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John A. Wilson*.....

Licensed Embalmer No. *4186*.....

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.