

No. 30
10.48

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. **39753**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10155**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2219**
 d. STREET ADDRESS **3038 Pine St** (If rural, give location) _____

3. NAME OF DECEASED (Type or Print)
 a. (First) **Mary** b. (Middle) _____ c. (Last) **Smith**
 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 12 1951**

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 15, 1906** 9. AGE (In years last birthday) **45** IF UNDER 1 YEAR Months _____ IF UNDER 11 HRS. Hours _____ Min. _____

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) **Tupelo, Miss** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **Jimmie Rogers** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE _____

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 **Jimmie Spates** ADDRESS **3038 Pine St**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Congestive Heart Failure** INTERVAL BETWEEN ONSET AND DEATH **Undet.**
 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. **None**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **HSA**

22. I hereby certify that I attended the deceased from **11-10**, 19 **51** to **11-12**, 19 **51**, that I last saw the deceased alive on **11-12**, 19 **51**, and that death occurred at **8 a** m., from the causes and on the date stated above.

22a. SIGNATURE **W. Harris M. D.** (Degree or title) 23b. ADDRESS **2601 N Whittier St.** 23c. DATE SIGNED **11-14-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Buried** 24b. DATE **11/19/51** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **NOV 15 1951** REGISTRAR'S SIGNATURE **Earl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. Robinson & Sons** ADDRESS **307 N. Market St.**

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

Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 2880 Easton Ave

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.