

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10597

State File No. ....

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2132**

1. PLACE OF DEATH a. COUNTY		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 <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2119</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS <b>11 4115 Evans</b>		0		
3. NAME OF DECEASED (Type or Print) a. (First) <b>COMMODORE</b>		b. (Middle) <b>P.</b>		c. (Last) <b>SMITH</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>3 2 52</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>Negro</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single (Divorced)</b>		8. DATE OF BIRTH <b>Sept. 3, 1894</b>		9. AGE (In years last birthday) <b>57</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Moulder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Scullins Steel</b>		11. BIRTHPLACE (State or foreign country) <b>Starkville, Miss.</b>		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		
14. NAME OF HUSBAND OR WIFE <b>Bessie Smith</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NUMBER <b>489-10-2602</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Cora Smith</b>		ADDRESS <b>4115 Evans</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RESPIRATORY FAILURE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>PULMONARY EMPHYSEMA &amp; FIBROSIS</b>				YEARS
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>? COR PULMONALE</b>				YEARS
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5257.1</b>		
22. I hereby certify that I attended the deceased from <b>3/1</b> , 19 <b>52</b> , to <b>3/2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3/2</b> , 19 <b>52</b> , and that death occurred at <b>8:25 A</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Philip S. Norman</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>3/2/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3-7-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		
24d. LOCATION (City, town, or county) (State) <b>Lemay, Mo.</b>		DATE REC'D BY LOCAL REG. <b>MAR 5 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MA</b>		
FUNDRAISER'S SIGNATURE <b>E. B. Boone</b>		ADDRESS <b>1221 N. Grand</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 7

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 *[Handwritten Signature]*

Licensed Embalmer No. 4755

P. O. Address 15217 Grand

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.