

JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18559
4955
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 **WAS FOUND ON THE 26 MAY AT 3:17 PM**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO.**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS 2219**
d. STREET ADDRESS (If rural, give location) **2845 DELMAR AVE**

3. NAME OF DECEASED
a. (First) **ANTHONY**
b. (Middle) **SMITH**
c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **5-26-52**

5. SEX **MALE** **6. COLOR OR RACE** **NEGRO** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **MARRIED** **8. DATE OF BIRTH** **9/2/1904** **9. AGE** (In years last birthday) **47** **IF UNDER 1 YEAR** Months _____ Days _____ **IF UNDER 1 WEEK** Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AUTO MECHANIC** **10b. KIND OF BUSINESS OR INDUSTRY** **OUT DOOR ADHIS. CO.** **11. BIRTHPLACE** (State or foreign country) **ST. JOSEPH LOUISIANA** **12. CITIZEN OF WHAT COUNTRY?** _____

13a. FATHER'S NAME **LOUIS SMITH** **13b. MOTHER'S MAIDEN NAME** **JENNIE TURNER** **14. NAME OF HUSBAND OR WIFE** **FLORENCE SMITH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NO** **16. SOCIAL SECURITY NO.** **496-14-7230** **17. INFORMANT'S SIGNATURE OR NAME** **FLORENCE SMITH** **ADDRESS** **4606 GREER AVE.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES _____
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) **Anger Corle**
DUE TO (c) **Green**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____

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

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) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **451X**

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 3:17 P.M., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) **23b. ADDRESS** **1300 Clark Ave** **23c. DATE SIGNED** **5/26/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BY TRAIL** **24b. DATE** **6/1/52** **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) (State) **Tallulah, Louisiana**

DATE REC'D BY LOCAL REG. **MAY 29 1952** **REGISTRAR'S SIGNATURE** **J. C. Smith** **53. FUNERAL DIRECTOR'S SIGNATURE** **B. W. Bruce** **ADDRESS** **4469 Washington**

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 *Frederick P. Stark*

Licensed Embalmer No. *4599*

P. O. Address *4469 Washington St.
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.