

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

22663

State File No. ....

JUL 2 1952

BIRTH NO. 39304

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5708

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give ... OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (in this place) <u>4 hrs. 20 mins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2209</u>	
3. NAME OF DECEASED (Type or Print) <u>Ernestine</u>		d. STREET ADDRESS (If rural, give location) <u>20 2914 Montgomery</u>	
a. (First)	b. (Middle)	c. (Last) <u>Smith</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6 9 52</u>	5. SEX <u>3</u> <u>Fem.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>
8. DATE OF BIRTH <u>6-9-52</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u>4</u> Min. <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <u>Booker T. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Price</u>	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 ADDRESS <u>Arthur M. ... 2601 N. Whittier</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>776X</u>	
22. I hereby certify that I attended the deceased from <u>6-9-</u> , <u>1952</u> , to <u>6-9-</u> , <u>1952</u> , that I last saw the deceased alive on <u>6-9-</u> , <u>1952</u> , and that death occurred at <u>4:15 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. ... M. D.</u> (Degree or title)		23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>6-11-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>JUN 19 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland ... 4104 Manchester Ave.</u>	

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**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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.**