

FILED JUN 21 1952
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REG. # 934,73THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23200

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1624</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>119 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KINLOCH PARK</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>RICHARD STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SEMMIE</u>		b. (Middle) <u>W.</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15, 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>11 NOVEMBER 1896</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		9. AGE (In years last birthday) If UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>MERIDIAN, MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>ANEKIE ROBERTS</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-I</u>			16. SOCIAL SECURITY NO. <u>189-09-1042</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR ACCIDENT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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?			
22. I hereby certify that I attended the deceased from <u>APRIL 23</u> , 19 <u>52</u> , to <u>JUNE 15</u> , 19 <u>52</u> , and that death occurred at <u>11:25 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Kaminski MD. 0</u>				23b. ADDRESS <u>VAH, JEFF. BRKS, MISSOURI</u>		23c. DATE SIGNED <u>6-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-17-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domke MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bros., Kinloch, Mo.</u>		

Licensed Embalmer's Statement on Reverse Side

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 *Edward A Flynn*

Licensed Embalmer No. *1444*

P. O. Address *H. Lewis*

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.