S. No. 300
v. 10.48

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

FILED JAN 10 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

43833

State File No. 43833

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11603

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2219
d. STREET ADDRESS (If rural, give location): 21 3000 Pine St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Robert
b. (Middle): Donald
c. (Last): Smith

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 10, 1952

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married 0
**8. DATE OF BIRTH**: Apr. 17, 1949
**9. AGE** (In years last birthday): 3 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): unemployed
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Lilbert Smith
**13b. MOTHER'S MAIDEN NAME**: Virginia Pitchford
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Elizabeth Young
**ADDRESS**: 3019 Madison

**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) Carbon Monoxide poisoning and burns of body, suffered when deceased was overcome and burned in fire in home at

DUE TO (b)

DUE TO (c) 3000 Pine Str. about 1040 am

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Dec. 10-1952 Damage to Bldg $2000.00 Contents $250.00

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 000 Accident
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Louis Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Dec 10 52 10 40 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: E9160

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* 1048A *m., from the causes and on the date stated above.* 16

**23a. SIGNATURE**: Patrick E. Taylor (Degree or title) Coroner
**23b. ADDRESS**: 1300 Clark Ave.
**23c. DATE SIGNED**: 12-16-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 4
**24b. DATE**: 12/18/52
**24c. NAME OF CEMETERY OR CREMATORY**: Washington Park Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County Mo.

**DATE REC'D BY LOCAL REG.**: DEC 17 1952
**REGISTRAR'S SIGNATURE**: J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Price Funeral Home 2829 Washington Ave.

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.