

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37605

State File No. _____

FILED OCT 30 1953

318

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003

Registrar's No. 10076

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 OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>People's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>18 3222^a LaSalle (rear)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Mike</u> c. (Last) <u>Smiley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-20-53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 2, 1909</u>
9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.
10a. 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>Scullin Steel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lake Providence, La.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Tobe Smiley</u>	
13b. MOTHER'S MAIDEN NAME <u>Annie Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Annie B. Smiley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>437-26-5787</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Annie B. Smiley</u>		ADDRESS <u>3222^a LaSalle (rear)</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>White & L. emorose Nephritis</u> ANTECEDENT CAUSES <u>Acidosis</u> 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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>590x</u>	
22. I hereby certify that I attended the deceased from <u>10/17/53</u> to <u>10/20/53</u> , that I last saw the deceased alive on <u>10/20/53</u> , and that death occurred at <u>2:45 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.C. Smiley</u> (Degree or title)		23b. ADDRESS <u>941 N. Park St.</u>	
23c. DATE SIGNED <u>10/23/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Eudora, Arkansas</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 22 1953</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		ADDRESS <u>English Und. Co. - 1123 N. Taylor</u>

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.....
Signature of Student Embalmer

Signed *Wallace R. Williams*

Licensed Embalmer No. *4926*
4554 Lexington
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.