

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3287**
Registrar's No. **0755**

FILED FEB 2 1954
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2199	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	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: Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 19 4021 Washington	

3. NAME OF DECEASED (Type or Print)	a. (First) Annie	b. (Middle) B	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Jan 21 1954
-------------------------------------	-------------------------	----------------------	------------------------	-------------------------------------------------------------

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) ab. 58	10. MONTHS 2	11. DAYS 2	12. HOURS 2	13. MIN. 2
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------	-----------------------------------------------	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tulsa, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
-----------------------------------------------------------------------------------------------------------	-----------------------------------	---------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME R.B. Smith	13b. MOTHER'S MAIDEN NAME Unknown	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) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME H.H. Webb	ADDRESS 4315 Cook Ave.
-------------------------------------------------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale		Undet.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Failure DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstructive Emphysema			

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4341
----------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------

22. I hereby certify that I attended the deceased from **1-16**, 19 **54**, to **1-21**, 19**54**, that I last saw the deceased give on **1-21**, 19 **54**, and that death occurred at **2 p** m., from the causes and on the date stated above.

23. SIGNATURE Edw. B. Williams (Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 1-23-54
----------------------------------------------------------------------	----------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-25-54	24c. NAME OF CEMETERY OR CREMATORY Weleetka Oklahoma	24d. LOCATION (City, town, or county) (State)
----------------------------------------------------------	--------------------------	-------------------------------------------------------------	-----------------------------------------------

DATE REC'D BY LOCAL REG. JAN 25 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE A.L. Beal Und. Co.	ADDRESS 4303 Delmar Blvd.
---------------------------------------------	--------------------------------------------	------------------------------------------------------------	----------------------------------

(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
Signature of Student Embalmer

Signed *Samuel J. King*

Licensed Embalmer No. *489*

P. O. Address *3123 Rd*

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.