o.300
o.48

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6833

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2114

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
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) City Hosp #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2323 Olive St. 219

3. NAME OF DECEASED (Type or Print) a. (First) Gladys b. (Middle) c. (Last) Smith
4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 54
5. SEX Fem
6. COLOR OR RACE Negro.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk
8. DATE OF BIRTH Feb. 15. 1868
9. AGE (In years last birthday) 85 | 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) Unk
10b. KIND OF BUSINESS OR INDUSTRY Unk
11. BIRTHPLACE (City and State or Foreign Country) New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Abbell
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) Unk
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME T. C. Keyes ADDRESS 1300 Clark

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Unk.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Suffered when deceased walked
DUE TO (c) into side of Car bound olive

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Street Car. at 23rd Olive St. at 5:45 P.M.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION December 21-1953 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.) Street
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) E84DX (STATE) Mo
21d. TIME OF INJURY (Month) 12 (Day) 21 (Year) 53 (Hour) 5:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hit by Street Car

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* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Jagger M. Jurnd (Degree or title) Deputy Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 3/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/8/54
24c. NAME OF CEMETERY OR CREMATORY OAKDALE
24d. LOCATION (City, town, or county) ST. LOUIS CO. (State) MO

DATE REC'D BY LOCAL REG. MAR 8 1954
REGISTRAR'S SIGNATURE Carl Smith MD
MB
25. FUNERAL DIRECTOR'S SIGNATURE W. ROBINSON & SONS. ADDRESS 3017 N. MARKET
(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank C. Merrick

Licensed Embalmer No. 425

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.