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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6835

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1306

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 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): 1518 N. Leffingwell Ave. 2D

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
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): 1518 N. Leffingwell Ave. 2209

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle):
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 8, Days 3 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Bastrop Louisiana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Robert Smith
13b. MOTHER'S MAIDEN NAME: Lucinda ?
14. NAME OF HUSBAND OR WIFE: Mattie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. #1
16. SOCIAL SECURITY NO.: 500-16-4796
17. INFORMANT'S SIGNATURE OR NAME: Mattie Smith — ADDRESS: 1518 N. Leffingwell Ave.

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) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 2-7-54.

ANTECEDENT CAUSES

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

DUE TO (b) Carcinoma of GI tract — 1953

& Pulmonary metastasis

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 159X

22. *I hereby certify that I attended the deceased from* 1-14, 1954, *to* 2-7-, 1954, *that I last saw the deceased alive on* 1-7, 1954, *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. C. Sherard (Degree or title) M.D.
23b. ADDRESS 2702a Franklin
23c. DATE SIGNED 2-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 15, 1954
24c. NAME OF CEMETERY OR CREMATORY: National
24d. LOCATION (City, town, or county) (State): Jeffersons Barracks, Mo.

DATE REC'D BY LOCAL REG.: FEB 10 1954
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE: J. H. RANDLE & SON — ADDRESS: 3133 Bell 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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S J Watson

Licensed Embalmer No. 269

P. O. Address 27490 Ro

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.