

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN) **St. Louis**  
 c. LENGTH OF STAY (In this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Christian Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri**  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
 d. STREET ADDRESS (If rural, give location) **269 263- Desterhan St.,**

**3. NAME OF DECEASED**  
 a. (First) **ALBERT** b. (Middle) **E.** c. (Last) **SMITH**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**June 5, 1954**

**5. SEX** **Male** **6. COLOR OR RACE** **White**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **3 Divorced**

**8. DATE OF BIRTH** **April 10, 1903**

**9. AGE** (In years less birthday) **51**  
 IF UNDER 1 YEAR: MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_  
 IF UNDER 6 HRS: HOURS \_\_\_\_\_ MIN. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Bricklayer**

**10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_

**11. BIRTHPLACE** (State or foreign country) **St. Louis Co., Mo.**

**12. CITIZEN OF WHAT COUNTRY?** **us**

**13a. FATHER'S NAME** **Ernest Baker**

**13b. MOTHER'S MAIDEN NAME** **Mable Smith**

**14. NAME OF HUSBAND OR WIFE** **Fanney Smith Divorced**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **NO**

**16. SOCIAL SECURITY NO.** **498-03-4983**

**17. INFORMANT'S SIGNATURE OR NAME** **Walter Smith** **ADDRESS** **6557 Plymouth 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, asthma, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Septic Peritonitis abscess of the right side**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **Septicemia**

**INTERVAL BETWEEN ONSET AND DEATH** **3 1/2 hrs.**  
**3**

**19a. DATE OF OPERATION** **5-24-54**

**19b. MAJOR FINDINGS OF OPERATION** **Peritonitis abscess right kidney**

**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)** **600.1**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_

**21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from 5-17-1954 to 6-5-1954, that I last saw the deceased alive on 6-4-1954, and that death occurred at 1:00 P.M. from the causes and on the date stated above.**

**23a. SIGNATURE** **Nicholas Klym M.D.** (Degree or title)

**23b. ADDRESS** **3626 N. 11th St.**

**23c. DATE SIGNED** **6-7-54**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial**

**24b. DATE** **June 8, 1954**

**24c. NAME OF CEMETERY OR CREMATORY** **St. Peter Cem.,**

**24d. LOCATION** (City, town, or county) (State) **St. Louis Co. Mo.**

**DATE REC'D BY LOCAL REG.** **JUN 7 1954**

**REGISTRAR'S SIGNATURE** **J. Carl Smith M.D.**

**25. FUNERAL DIRECTOR'S SIGNATURE** **Pos. W. Clark** **ADDRESS** **1125 Hodiamont Ave.,**

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

Dr. Nicholas Klym  
3626 N. 11th. St.,  
GA. 1-2321 Office  
EV. 5-5300 Residence  
823231

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Alfred J. Brodeur

Signed.....  
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.