

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25248

State File No.

318

1003

Registrar's No. 6940

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Arkansas**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Louis**

c. LENGTH OF STAY (In this place) _____

c. CITY OR TOWN **Spine Bluff**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Homer G. Phillips Hosp.**

e. STREET ADDRESS (If rural, give location) **2004 W. 8th Street**

3. NAME OF DECEASED
a. (First) **George**
b. (Middle) _____
c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year) **7 23 54**

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

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Dec. 10, 1861**

9. AGE (In years; last birthday) **92**
IF UNDER 1 YEAR Months **7**
IF UNDER 1 HR. Days _____ Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Tenn.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Alfred Smith**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE **unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Charles Smith 1801 Goode**

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) _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Cerebral Sclerosis**
DUE TO (c) **Generalized Arteriosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Sclerosis**

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) _____

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

21f. HOW DID INJURY OCCUR? **4201**

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 **330A m.**, from the causes and on the date stated above.

22a. SIGNATURE **Patrick Taylor** (Describe title) _____

23b. ADDRESS **1900 Clark**

23c. DATE SIGNED **7-27-54**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____

24b. DATE **July 29, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Oakdale**

24d. LOCATION (City, town, or county) (State) **Lemay, Missouri**

DATE REC'D BY LOCAL REG. **JUL 27 1954**

REGISTRAR'S SIGNATURE **Charles Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **1221 N.G. and**

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 *Malvin Blackburn*

Licensed Embalmer No. *296*

P. O. Address *1221 N 8th*

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.