

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1954

State File No.

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1608

1. PLACE OF DEATH a. COUNTY RURAL b. CITY OR TOWN Koch, Mo c. LENGTH OF STAY 69 days d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY 2119 c. CITY OR TOWN St. Louis d. STREET ADDRESS 4228 West Finney

3. NAME OF DECEASED a. (First) Katherine b. (Middle) Lee c. (Last) SMITH 4. DATE OF DEATH 7-6-54 5. SEX 3 Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH 5-8-23 9. AGE 31 10a. USUAL OCCUPATION NIL 10b. KIND OF BUSINESS OR INDUSTRY WTS. 11. BIRTHPLACE Dallas, Texas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lonnie Smith 13b. MOTHER'S MAIDEN NAME Roberta Escadale 14. NAME OF HUSBAND OR WIFE Joseph Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Record at Robert Koch Hospital ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic Cor. Pulmonale

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 002X 20. AUTOPSY? YES NO 21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 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 4-27, 1954, to 7-5-54, 1954, that I last saw the deceased alive on 7-5-54, 1954, and that death occurred at 9:10 m., from the causes and on the date stated above.

23a. SIGNATURE David H. Russell (Registrar title) 23b. ADDRESS Robert Koch Hospital 23c. DATE SIGNED 7-6-54 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/19/1954 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 7/7/54 REGISTRAR'S SIGNATURE Respect S. Romberg FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates ADDRESS 4107 Finney Ave.

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

4259

4187

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.