

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29247**
Registrar's No. **7509**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **Saint Louis**
d. In Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **19 3814 Delmar 21970**

3. NAME OF DECEASED
a. (First) **James** b. (Middle) _____ c. (Last) **Smith**
4. DATE OF DEATH (Month) (Day) (Year) **8 11 54**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Jan. 2, 1890** 9. AGE (In years last birthday) **64** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Desarcark, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Frank Smith** 13b. MOTHER'S MAIDEN NAME **Minerva Reed** 14. NAME OF HUSBAND OR WIFE **Isabella Smith**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Ann Smith** ADDRESS **3909 Enright Ave.**

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) **Carcinoma of Prostate** INTERVAL BETWEEN ONSET AND DEATH **Undt.**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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 **Hypertension Encrusted Cystitis.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **177X**

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 **7-1, 1954**, to **8-11, 1954**, that I last saw the deceased alive on **8-11, 1954**, and that death occurred at **4:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **William Smiley M.D.** 23b. ADDRESS **2601 N. Whittier** 23c. DATE SIGNED **8-13-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8-16-54** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery** 24d. LOCATION (City, town, or county) (State) **Saint Louis County, Mo.**

DATE REC'D BY LOCAL REG. **AUG 13 1954** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Metropolitan Funeral System, Inc.** ADDRESS **5010 Enright 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.....
Signature of Student Embalmer

Signed..... *Paul Freeman*

Licensed Embalmer No. *468*

P. O. Address *4729 Hammer*

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.