

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32217
Registrar's No. 8337

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>pa</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 12 5114 Kensington Ave.			
3. NAME OF DECEASED (Type or Print) Hosea (Anderson) Smith		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9 8 54	
5. SEX Male		6. COLOR (OR RACE) Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 25, 1893		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Okolona, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Luke Smith		13b. MOTHER'S MAIDEN NAME Ellen Jones	
14. NAME OF HUSBAND OR WIFE Stella Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 716-01-9569	
17. INFORMANT'S SIGNATURE OR NAME Stella Smith		ADDRESS 5114 Kensington 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Undt.	
*This does not mean the mode of dying, such as heart failure, asthma, 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 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	
22. I hereby certify that I attended the deceased from 8-25, 1954, to 9-9, 1954, that I last saw the deceased alive on 9-9, 1954, and that death occurred at 4:43A m., from the causes and on the date stated above.					
23a. SIGNATURE Hugh Waters (Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 9-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 13, 1954		24c. NAME OF CEMETERY OR CREMATORY Okolona, Ark.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son		ADDRESS 3133 Bell Ave.	
DATE REC'D BY LOCAL REG. SEP 10 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.			

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.....

Licensed Embalmer No. 2698

P. O. Address 2769 Char

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.