

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32220

8044

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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. LENGTH OF STAY (In this place) 10 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke Hospital				e. STREET ADDRESS (If rural, give location) 16 4200 W. Papin St.				2189	
3. NAME OF DECEASED (Type or Print) a. (First) Marvin b. (Middle) _____ c. (Last) Smith			4. DATE OF DEATH 8 28 54		5. SEX Male		6. COLOR OR RACE Negro		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH 3-31-17		9. AGE (In years last birthday) 37		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) upholsterer			10b. KIND OF BUSINESS OR INDUSTRY Meier & Pohlman		11. BIRTHPLACE (City and State or Foreign Country) Wentzville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Haney Smith			13b. MOTHER'S MAIDEN NAME Artelia Hubbard		14. NAME OF HUSBAND OR WIFE Low Ethel Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 2		16. SOCIAL SECURITY NO. 488-12-71161		17. INFORMANT'S SIGNATURE OR NAME Luethel Smith				ADDRESS 4200 W. Papin St.	
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) Pulmonary edema; Fractured Cervical Vertebrae; Transection of Spinal Cord, cervical area, suffered when car operated by deceased went out of control and turned over on Highway #61 near Troy, Mo., Lincoln County about 2:00 A.M.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Aug. 28, 1954 Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Troy Lincoln Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-28-54 2:00 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See above		21g. _____		21h. _____		21i. _____		21j. _____	
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 8:40 P.M., from the causes and on the date stated above. 32									
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coronet				23b. ADDRESS 1305 Clark Ave.				23c. DATE SIGNED 9-1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-3-54		24c. NAME OF CEMETERY OR CREMATORY Wentzville		24d. LOCATION (City, town, or county) (State) Wentzville, Mo.			
DATE REC'D BY LOCAL REG. AUG 31 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son		ADDRESS 2629-31 Cole Street			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *H. Claude Gordon*

Licensed Embalmer No. *346*

P. O. Address *4675 W*

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.