

Xc-16 914 757

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3118**

SL # 3466

FILED FEB 7 - 1955 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0807

Reg # 4497  
BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. LENGTH OF STAY (In this place) <b>27 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		2069
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>4716 Northland</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry H.</b>		b. (Middle)	c. (Last) <b>Smith</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-27-55</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>10/7/89</b>	9. AGE (In years last birthday) <b>65</b>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Guard</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Penitentiary Service</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jackey T. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie Fels</b>		14. NAME OF HUSBAND OR WIFE <b>Hettie Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give way or dates of service) <b>Yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>49652243</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V.A. Records 915 Grand</b>		
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 <b>Fracture of Right Hip - Generalized Arteriosclerosis, suppurated</b> DUE TO (b) <b>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) <b>fell on wet floor of plant at 1333 So 7th St - about 6:50 P.M. Nov. 1-1954</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>11/1/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Factory</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Factory</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-1-54 6:50</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See above E9043</b>		
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 <b>6:12</b> a.m., from the causes and on the date stated above. <b>10</b>					
23a. SIGNATURE <b>Joseph M. Turner</b>		(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1/27/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>1/29/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK-GROVE-CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis - MO</b>		
DATE RECD BY LOCAL REG. <b>1-28-55</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ALVIN - Fuetz 4828 Hal Bldg</b>		

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Melvan

Licensed Embalmer No. 4186

P. O. Address St Louis Mo

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.