

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20583

State File No.

BIRTH NO. 40409-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1383

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS CO, MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside limits of city, RURAL and give township) <u>CLAYTON</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>BRENTWOOD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>		STREET ADDRESS (If rural, give location) <u>8736 FAUER TRD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>Albert</u> c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1955</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>6-15-55</u>	9. AGE (In years last birthday) <u>1 Day</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min.	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done in the present of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLAYTON MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>CHARLES A. SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles A. Smith - Brentwood</u>	ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetal Abnormalities, bilob.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs (buck)</u>
	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1955 to 6-15, 1955, that I last saw the deceased alive on 6-15, 1955, and that death occurred at 10:05pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Cooper Kay, M.D.</u>	Degree or title <u>M.D.</u>	23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED <u>6-16-55</u>
24a. BURIAL, CREMATION, TOMB REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/18/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN WOOD CEMETORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>

DATE REC'D BY LOCAL REG. <u>6/17/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Janku, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Pladnick</u>	ADDRESS <u>Brentwood Mo</u>
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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.....

Andrew Richardson

Licensed Embalmer No. 485

P. O. Address 2625 St

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.