No. 300
10.48

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

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31508

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8224

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 21 3202 Pine St.

3. NAME OF DECEASED (Type or Print)
a. (First): SYLVESTER
b. (Middle): SMITH
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 9 - 17 - 55

5. SEX: MALE
6. COLOR OR RACE: COL.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 4/1/1899
9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Institution
10b. KIND OF BUSINESS OR INDUSTRY: City Water Works
11. BIRTHPLACE (City and State or Foreign Country): EDWARDSVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Willis Smith
13b. MOTHER'S MAIDEN NAME: Ellen Smith
14. NAME OF HUSBAND OR WIFE: Cora Smith, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 491-18-2244
17. INFORMANT'S SIGNATURE OR NAME: Mrs Eddie May Alston
ADDRESS: 3202 Pine

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertension - Gangrene — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arthritis — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
334 X

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

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) m.
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* 5-30, 1954, *to* 9-14, 1955, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. N. Miller (Degree or title)
23b. ADDRESS: 4114 Easton
23c. DATE SIGNED: 9-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 9/21/55
24c. NAME OF CEMETERY OR CREMATORY: GREEN WOOD
24d. LOCATION (City, town, or county): 6571 St Louis St Louis Co Mo. (State)

DATE REC'D BY LOCAL REG.: SEP 20 1955
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: G. W. Bruce
ADDRESS: 4469 Washington

(Licensed Embalmer's Statement on Reverse Side)

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 Frederick R. Starr

Licensed Embalmer No. 4593

P. O. Address Ukiah

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.