

FILED FEB 17 1956

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1003

State File No.

825

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo.</u>		b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Pac Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>18 3129 E & Caroline</u>			
3. NAME OF DECEASED (Type or Print)			b. (Middle)			4. DATE OF DEATH (Month) (Day) (Year)	
<u>John</u>			<u>Smith</u>			<u>1 23 56</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 5 1891</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M. & P. - RR</u>		9. AGE (In years last birthday) <u>64</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Penn Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Joe Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Cliga</u>	
14. NAME OF HUSBAND OR WIFE <u>Leola Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>902-16-3392</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leola Smith</u> ADDRESS <u>3129 Caroline</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension Malignant</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
*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) <u>Arteriosclerosis Generalized</u>			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				<u>Uremia 447X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>445X</u>			
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 <u>1.10</u> , 19 <u>56</u> , to <u>1.23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1.22</u> , 19 <u>56</u> , and that death occurred at <u>1.45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Proctor M.D.</u>				23b. ADDRESS <u>Mo. Pacific Hosp.</u>		23c. DATE SIGNED <u>JAN 24 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 24 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Station 2769</u>		ADDRESS <u>Chouteau</u>	

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..... *S. J. Watson*
Licensed Embalmer No. *269*
P. O. Address *2769 Cho*

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.