

STANDARD CERTIFICATE OF DEATH

7239

State File No. \_\_\_\_\_

Registrar's No. **1800**

No. 300  
10.48

**FILED MAR 9 1956**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <b>1800</b>							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>				c. LENGTH OF STAY (in this place) _____											
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3301 DELMAR AVE</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>											
d. STREET ADDRESS <b>3301 DELMAR AVE</b>				d. STREET ADDRESS (If rural, give location) <b>21 3301 DELMAR AVE</b>											
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAMIE</b>			b. (Middle) _____			c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 19 56</b>						
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>MAY 2, 1918</b>		9. AGE (In years last birthday) <b>37</b>		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) <b>PRESSER</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <b>MISS</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>LAWERY OWENS</b>				13b. MOTHER'S MAIDEN NAME <b>ANNIE JONES</b>				14. NAME OF HUSBAND OR WIFE <b>IKE SMITH</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>				16. SOCIAL SECURITY NO. <b>428-14685</b>				17. INFORMANT'S SIGNATURE OR NAME <b>GEORGIA ELLIS</b>				ADDRESS <b>3200 LUCAS AVE</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>  *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) <b>Alcoholism</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.															
				DUE TO (c) _____											
				II. OTHER SIGNIFICANT CONDITIONS											
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:55 A.M.</b> , from the causes and on the date stated above.															
23a. SIGNATURE <b>Joseph E. Boyd</b> (Degree or title) <b>MD</b>						23b. ADDRESS <b>1300 Clark</b>				23c. DATE SIGNED <b>2/20/56</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>				24b. DATE <b>FEB 20 56</b>				24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) (State) <b>WESSON MISS</b>			
DATE REC'D BY LOCAL REG. <b>FEB 20 1956</b>				REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>BOYD BROS</b>				ADDRESS <b>FUNERAL HOME 3706 FINNEY</b>			

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 *Henry C. Williams*

Licensed Embalmer No. 4781

P. O. Address 1205 WALTON AVE

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.