

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32419**
8201
 Registrar's No.

FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | d. In 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: Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 2259 1606 Carver Lane. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) Price c. (Last) Smith | | 4. DATE OF DEATH (Month) (Day) (Year) Sept, 3, 1956. | |
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec, 22, 1897 |
| 9. AGE (In years last birthday) 58 | | 10. MONTHS 8 | 11. DAYS II |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Okolona, Miss. |
| 12. CITIZEN OF WHAT COUNTRY? USA. | | 13a. FATHER'S NAME George Smith | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Alma Smith | |
| 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. | |
| 17. INFORMANT'S SIGNATURE OR NAME Alma Smith | | ADDRESS 1606 Carver Lane. | |
| 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 Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | 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. | | 331x | |
| 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 1:55 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Joseph M. [Signature] | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 9/5/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9/7/56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| DATE REC'D BY LOCAL REG. SEP 5 1956 | | REGISTRAR'S SIGNATURE [Signature] | |
| 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS Wright Funeral Home 3100 Easton Ave. | |

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 *Arthur L. Heilbard*

Licensed Embalmer No. *4707*

P. O. Address *4107 Juney*

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.