

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32425
Registrar's No. 8054

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8054	
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>26 hrs</u>		c. CITY OR TOWN <u>St Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis (Address 2219 S 31474 Brouler</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TERRY-</u>		b. (Middle) _____		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-56</u>	
5. SEX <u>M - Negro</u>		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>7/21/54</u>	
9. AGE (In years last birthday) <u>2</u>		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) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Henry Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Cobb</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>V. Todd - 500 - S. Kingshighway</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Subdural Hematoma - cerebral</u> ANTECEDENT CAUSES <u>Edema - asperation; suffered when morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Deceased was pushed by brother during play on home</u> <u>Causing deceased to strike cabinet (metal) on august 27, 1956</u> DUE TO _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>27, 1956</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E936.022 Accident</u>				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.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Louis (Mo)</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-27-56</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u>			
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 <u>5 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Turner</u> (Type or Print) (Signature) _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8/31/56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>21 Aug 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest City</u>		24d. LOCATION (City, town, or county) (State) <u>Ark</u>	
DATE REC'D BY LOCAL REG. <u>AUG 31 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reliable Funeral Svs 1389 N Union</u>		ADDRESS _____	

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

Paul V. Freeman

Licensed Embalmer No. *4686*

P. O. Address. *4729 Hammett*

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.