

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39818**  
Registrar's No. **10477**

FILED NOV 29 1956

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

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</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) _____	c. CITY OR TOWN <b>St. Louis</b>	d. Is 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 <b>2804 1/2 A Chouteau</b>			e. STREET ADDRESS (If rural, give location) <b>2229 1/2 2804 1/2 A Chouteau</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>		b. (Middle) _____	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 14 1956</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG 8 1892</b>	9. AGE (In years) (Month) (Day) <b>64</b>	IF UNDER 1 YEAR: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Madrid Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>Adale Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Lottie Smith</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	(If yes, give war or dates of service) <b>World War I</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <b>Lottie Smith 2804 1/2 A Chouteau</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Larynx</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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) _____			
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? <b>161x</b>			
22. I hereby certify that I attended the deceased from <b>11/10</b> , 1956, to <b>11/14</b> , 1956, that I last saw the deceased alive on <b>11/12</b> , 1956, and that death occurred at <b>12:22 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>L. R. Wentzel M.D.</b> (Degree or title)		23b. ADDRESS <b>2726 Chouteau</b>		23c. DATE SIGNED <b>11/15 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>11-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks</b>		
DATE REC'D BY LOCAL REG. <b>NOV 16 1956</b>	REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>S. J. WATSON 2769 Chouteau</b>			

**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. Stanton*.....

Licensed Embalmer No. *2109*

P. O. Address *2769th*

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.