

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11102
State File No. 1605

FILED MAR 18 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

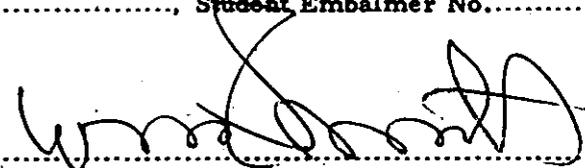
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 19 People Hospital		e. STREET ADDRESS (If rural, give location) 11 1910 Bacon St.	
3. NAME OF DECEASED (Type or Print) a. (First) Christopher b. (Middle) c. (Last) Smith Jr.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1957	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH November 9, 1922
9. AGE (In years) (Last birthday) 34		IF UNDER 1 YEAR Months 3 Days 4	IF UNDER 24 HRS. Hours 4 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Military Pay Adj.		10b. KIND OF BUSINESS OR INDUSTRY Army Finance	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Christopher Smith		13b. MOTHER'S MAIDEN NAME Effie Chambers	
14. NAME OF HUSBAND/OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War 2	
16. SOCIAL SECURITY NO. 497-16-2875		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Effie S. Posters 1910 Bacon	
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* (a) Malignant Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Wremia 441x	
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) (m.)		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 2-7-1957 , to 2-13-1957 , that I last saw the deceased alive on 2-13-1957 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. B. Key MD		23b. ADDRESS 4 So. Compton Ave	
23c. DATE SIGNED 2-15-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/18/57	
24c. NAME OF CEMETERY OR CREMATORY National Cemetary		24d. LOCATION (City, town, or county) (State) Jeff. B. Missouri	
DATE REC'D. BY LOCAL REG. FFR 16 57		REGISTRAR'S SIGNATURE J. Earl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Smith		ADDRESS 4019 Washington	

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 .....

Licensed Embalmer No. 4371.....

P. O. Address St. Louis.....

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.