

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15293**
Registrar's No. **3707**

BIRTH NO. **#3739-57** 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 Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis 21	
c. LENGTH OF STAY (in this place) 8 HRS		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 St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 2710 139 Bascom Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Baby Boy b. (Middle) Smith c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Apr. 16 - 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 16 - 1957
9. AGE (In years last birthday) 8		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Glauden Eugene Smith	

13b. MOTHER'S MAIDEN NAME Marilyn Jean Barrett		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 Mrs. Glauden Smith		ADDRESS 139 Bascom Dr.	

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) Prematurity		INTERVAL BETWEEN ONSET AND DEATH from birth	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776x		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?	

22. I hereby certify that I attended the deceased from **April 16, 1957**, to **April 16, 1957**, that I last saw the deceased alive on **4-16, 1957**, and that death occurred at **6:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Sutphin M.D.		23b. ADDRESS 111 Church St. Ferguson 21, Mo.		23c. DATE SIGNED 4-17-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-18-1957		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO					

DATE REC'D BY LOCAL REG. APR 18 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene Hutchens, Florissant, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 Not embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene A. Hutchens

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, LA.

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.