

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15295**
3436
 Registrar's No.

FILED APR 26 1957
 BIRTH NO. **107-9-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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 Saint Louis		c. LENGTH OF STAY (In this place) 8 Weeks	c. CITY OR TOWN Saint Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 Homer G. Phillips Hospital Dpt		e. STREET ADDRESS (If rural, give location) 5574 Vernon	
3. NAME OF DECEASED (Type or Print) a. (First) Archie b. (Middle) Smith Jr. c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4 6 - 57
5. SEX Male	6. COLOR OR RACE Colord	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 2 - 4 - 1957
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Archie Smith Sr.	
13b. MOTHER'S MAIDEN NAME Thomasina Mc Nair		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Archie Smith Sr.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Bunches Pneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 491x	
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?		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 11:12 m., from the causes and on the date stated above.	
23a. SIGNATURE Joseph M. Dickson		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 4/10/57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4 - 10 - 1957		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24d. LOCATION (City, town, or county) (State) Saint Louis County		25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe	
DATE REC'D BY LOCAL REG. APR 10 '57		REGISTRAR'S SIGNATURE Archie Smith Jr.	
25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe		ADDRESS 2930 Dickson Street	

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..... *Leroy H. Pannister*

Licensed Embalmer No. *4523*

P. O. Address *2616 Davis*

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.