

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 0 2 2 9 0 2  
STATE FILE NUMBER 5767

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb		STREET ADDRESS 2251 Dickson		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clifford Smith				4. DATE OF DEATH Month Day Year 6 17 57			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8 15 1910	
9. AGE (In years last birthday) 46		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) ELS BERRY MO	
10c. CITIZEN OF WHAT COUNTRY? U S A		12. CITIZEN OF WHAT COUNTRY? U S A					
13. FATHER'S NAME AMOS SMITH				14. MOTHER'S MAIDEN NAME LEANNA DAVIS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495.18.1991		17. INFORMANT Address Mrs. Leanna Smith, 2251 Dickson, St. Louis			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Subphrenic, Subhepatic Abscesses  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Blowout of Duodenal Stump DUE TO (c) 541.0 P PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Post - Operative Sub Total Gastric Resection - Duodenal Ulcer							INTERVAL BETWEEN ONSET AND DEATH  undet.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY TOWN OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-23-57 to 6-17-57 and last saw <del>him</del> him alive on 6-17-57 Death occurred at 2:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Last name or title) Frank O. Richards, M.D.				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 6-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6. 21 1957		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) (State) 5500 BROWN ROAD MO	
24. FUNERAL DIRECTOR E. J. Golden		ADDRESS 3404 Nelmar M. D.		25. DATE RECD. BY LOCAL REG. JUN 20 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

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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. Jannis*.....  
Licensed Embalmer No. 45

P. O. Address 4251 W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.