V.S. No. 300
Rev. 10-48

FILED NOV 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43103

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2829

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KOCH. MO
c. LENGTH OF STAY (in this place): 775 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 29 ROBERT KOCH HOSPITAL 2/1/12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: /
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1708 a GOODE

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): THOMAS
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): NOV. 12. 1957

5. SEX: M
6. COLOR OR RACE: N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: NOV. 20. 1915
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY: — UNK
11. BIRTHPLACE (City and State or Foreign Country): IOWA
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: EMERY SMITH ~~JAMES A. BRAY (dead)~~
13b. MOTHER'S MAIDEN NAME: JOHNETTA SMITH
14. NAME OF HUSBAND OR WIFE: — NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: yes - UNK
17. INFORMANT'S SIGNATURE OR NAME: HOSPITAL RECORD, ROBT KOCH HOSP — ADDRESS: KOCH MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA TONGUE — INTERVAL BETWEEN ONSET AND DEATH: 11 MONTHS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 141XA
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: PULMONARY TUBERCULOSIS — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT 30, 1955, *to* NOV 12, 1957, *that I last saw the deceased alive on* NOV 12, 1957, *and that death occurred at* 2:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank Cohen (Degree or title): M.D.
23b. ADDRESS: Robert Koch Hosp KOCH MO
23c. DATE SIGNED: Nov-12-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/57
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): Berkley, Missouri

DATE REC'D BY LOCAL REG.: 11-13-57
REGISTRAR'S SIGNATURE: Herbert R Damke MD
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Koonce — ADDRESS: 1221 N. Grand

(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 embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Gra

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