

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3621

STATE FILE NUMBER

1152

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		c. CITY OR TOWN <i>ST LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>61 1510 A COLE ST.</i>		d. STREET ADDRESS (If outside, give location) <i>2310 1510 COLE ST.</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>SARAH SMITH</i>		4. DATE OF DEATH Month Day Year <i>1 24 58</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>UNKNOWN</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NIL</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>UNKNOWN</i>
13a. FATHER'S NAME <i>UNKNOWN</i>		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) <i>NO</i>		17. INFORMANT Address <i>DELL SMITH 1530 FRANKLIN</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>2nd and 3rd degree burns of body.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>50%</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Suffered in fire in house on</i>		
20c. TIME OF INJURY Hour a.m. p.m. <i>1 24 58</i>	Month, Day, Year <i>January 24, 1958</i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or out home, farm, factory, street, office bldg., etc.) <i>25th house</i>	20f. CITY, TOWN, OR LOCATION . . . . . COUNTY . . . . . STATE <i>St Louis Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____		Death occurred at <i>1219 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>James M. [Signature]</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>1-31-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>1-31-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>DAK DALE CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>ST LOUIS, CO, MO</i>
24. FUNERAL DIRECTOR <i>Bennie Love 3103 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 31 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D. S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....  
*No Embalming*  
*Bennie Love*  
Licensed Embalmer No. ....  
P. O. Address .....

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.