.S. No. 300
ev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 - 1958

State File No. 58-007836

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2067

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St Louis
c. LENGTH OF STAY (in this place) 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillip hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) st Louis mo
d. STREET ADDRESS (If rural, give location) 3962 Lincoln st.

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3. NAME OF DECEASED (Type or Print)
a. (First) Willie
b. (Middle) V
c. (Last) Smith

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1958

5. SEX female
6. COLOR OR RACE negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7 10 1910
9. AGE (In years last birthday) 47 — 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) federal paper stock co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Dunkey Miss.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Tom Parham
13b. MOTHER'S MAIDEN NAME Sarah Bryant
14. NAME OF HUSBAND OR WIFE Jerry Smith

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. 496-18-2968
17. INFORMANT'S SIGNATURE OR NAME Jerry Smith **ADDRESS** 3962 Lincoln

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) Dissecting Aneurysm of Aorta — INTERVAL BETWEEN ONSET AND 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)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 451X

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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE James M Keely Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 2-21-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2 24 1958
24c. NAME OF CEMETERY OR CREMATORY washington park
24d. LOCATION (City, town, or county) st Louis county (State) mo

DATE REC'D BY LOCAL REG. FEB 21 58
REGISTRAR'S SIGNATURE J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE John W. Broom **ADDRESS** 2616 N. Garrison

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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 this body is not embalmed, fact should be so stated above.