

Health, Welfare, Public Service

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012601

STANDARD FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 881

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Ferguson  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN St. Louis   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Hill Top House  |  | Length of stay in lb<br>1 Month   | d. STREET ADDRESS (If outside, give location)<br>1820 Warren Street |
| 3. NAME OF DECEASED (Type or print)<br>First LOUIS Middle Last SMITH   |  | 4. DATE OF DEATH<br>Month Day Year<br>Mar. 27-1958  |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>June 4-1873                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Cooper  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Make Caskets<br>Make Baskets   | 9. AGE (In years last birthday)<br>84                               |
| 11. BIRTHPLACE (City and state or country)<br>St. Louis  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |   |
| 13a. FATHER'S NAME<br>Charles Smith  |  | 13b. MOTHER'S MAIDEN NAME<br>Elaem  |   |
| 14. NAME OF HUSBAND OR WIFE<br>None  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>unk.   |   |
| 16. SOCIAL SECURITY NO.<br>unk.  |  | 17. INFORMANT Address<br>Joseph Smith 1820 Warren St.   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease c</i><br><i>failure</i><br>DUE TO (b) <i>Adenocarcinoma Prostate</i><br>DUE TO (c) <i>4200H</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |   | INTERVAL BETWEEN ONSET AND DEATH                                    |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input checked="" type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m. p.m.  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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  | COUNTY STATE  |
| 21. I attended the deceased from<br>Death occurred at <i>June 1956 to March 27, 58</i> at last saw her alive on <i>March 24, 1958</i><br>on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><i>Joseph E. Carney M.D.</i>   |  | 22b. ADDRESS<br><i>906 Olive</i>  | 22c. DATE SIGNED<br><i>3-28-58</i>                                  |
| 23a. BURIAL CREMATION, REMOVAL (Specify)   | 23b. DATE  | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State)                       |
| <i>BURIAL</i>  | <i>Mar. 31, 1958</i>   | <i>St. John's Cemetery</i>  | <i>St. Louis Co. Mo.,</i>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><i>Leidner Und. Co. 2223 St. Louis Ave.</i>  |  | 25. DATE RECD. BY LOCAL REG.<br><i>3-28-58</i>  | 26. REGISTRAR'S SIGNATURE<br><i>Herbert P. Donham M.D.</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 *Albert Mayfield* .....

Licensed Embalmer No. *1307* .....

P. O. Address *St. Louis* .....

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.