

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016721
State File No.

FILED APR 23 1958

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 54 Registrar's No. 1001

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS CLAYTON</u>		c. CITY OR TOWN <u>ST LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>39 St. Louis County</u>		STREET ADDRESS (If rural, give location) <u>2117 1415^a HILLS TERRACE</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>C</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 6 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-22-1913</u>
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS, MO.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>HOTEL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>COLEMAN SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDALEREU</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH SMITH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. L. B. BRAMLETTE 4610 50th ELLIS CHICAGO ILL.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18b. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe trauma with chest crushing and hemorrhage into chest cavity compatible with automobile accident.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural St. Louis Mo. 400</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 6, 1958 6:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Passenger in car involved in automobile collision</u>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gaymond Handorner</u>		23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>4/14/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-12-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO. MO</u>
DATE REC'D BY LOCAL REG. <u>4-10-58</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dade M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bennie Love 3103 Washington</u>	

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575A*.....

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.