

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042278

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 10082

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS - MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA CITY HOSPITAL		Length of stay in lb 2/19	d. STREET ADDRESS (If outside, give location) 4376-ENRIGHT Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WESLEY Middle S Last SMITH		4. DATE OF DEATH Month 10 Day 20 Year 58	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-12-1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) JACKSON MISS 1
13a. FATHER'S NAME BOB SMITH		13b. MOTHER'S MAIDEN NAME LUDIE WASHINGTON	12. CITIZEN OF WHAT COUNTRY? U S A
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	14. NAME OF HUSBAND OR WIFE NONE
17. INFORMANT FREZELL SMITH 1422 MILL TERRIS			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E981X DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not include terminal conditions) Internal injury that gave rise to hemorrhage of chest; suffered broken plate fracture of ribs, broken clavicle, broken humerus, broken scapula, broken ribs, broken vertebrae during attempted burglary of store at 1351 Academy Ave about 10:50 am, Oct 20 1958			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. MANNER OF DEATH Homicide	20b. DECEASED HOW INJURED OR DIED (Enter nature of injury in Part II. or Part III. or cause of death) gun shot		
20c. TIME OF INJURY Hour 105 a.m. Month, Day, Year 10 20 58	20d. INJURY OCCURRED WHILE AT WORK <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.) Store		20f. CITY, TOWN, OR LOCATION St Louis	COUNTY Mo STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 215 A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Dickson		22b. ADDRESS 1300 Elm	22c. DATE SIGNED 10/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVE	23b. DATE 10-25-58	23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
24. FUNERAL DIRECTOR PEASTON FUNERAL 3615 EASTON		25. DATE RECD. BY LOCAL REG. OCT 22 58	26. REGISTRAR'S SIGNATURE Paul Smith MO

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 *Guylton Swain*

• Licensed Embalmer No. *4580*

P. O. Address *4207 Fern*

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.