

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019638

State File No. _____

2 4079

FILED MAY 18 1959

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>1404 N Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St Louis</u> b. COUNTY <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1404 N Harrison</u>		d. STREET ADDRESS (If rural, give location) <u>1404 N Harrison</u>	
3. NAME OF DECEASED a. (First) <u>Ike</u>		b. (Middle) _____ c. (Last) <u>Smith</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4 19 59</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 1, 1897</u>		9. AGE (In years last birthday) <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>	
11. BIRTHPLACE (State or foreign country) <u>Natchez Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Abrams</u> ADDRESS <u>1404 N Harrison</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> 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. <u>420.1</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Patrick J. Taylor</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>2-25-59</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>4-27-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Porter Funeral Home</u> ADDRESS <u>3028 Jackson</u>	
DATE REC'D BY LOCAL REG. <u>APR 27 '59</u>		REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

COPY UNFOLDING BACK INK—MAKE A PERMANENT RECORD

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46

92

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 No Embalming
working under my personal supervision.

Student Embalmer No.

Signed Major Porter
Student Embalmer

Signed Porter Funeral Home

Licensed Embalmer No.

P. O. Address 302 S. Hickox

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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