

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023411

FILED JUL 7 1959

STATE FILE NUMBER  
Registration District No. 5283

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission): a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital # 1		Length of stay in 1b.	d. STREET ADDRESS (If outside, give location) 2846a Lafayette, Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Virgil Smith			4. DATE OF DEATH Month Day Year June 2, 1959		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White <input checked="" type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1910	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Paragould, Arkansas.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Irvin H. Smith		13b. MOTHER'S MAIDEN NAME Richardson	14. NAME OF HUSBAND OR WIFE Clestie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No Nil.		16. SOCIAL SECURITY NO. 367-12-0229	17. INFORMANT Address Harvey Smith, 3110 Shenandoah, Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Phosphorus Intoxication (rat poison). Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 971.8		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self ingested in Home on	
20c. TIME OF INJURY Hour a.m. p.m. 6.15 p.m.	Month, Day, Year June 1st, 1959.	
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, rest. office bldg., etc.) Home	20f. CITY, TOWN OR LOCATION COUNTY STATE St. Louis Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Patrick F. Taylor (Degree or title) 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6.2.59.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-3-59	23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) Paragould, Arkansas.		(State)

24. FUNERAL DIRECTOR Albert H. Hoppe Inc. 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. JUN 2 '59	26. REGISTRAR'S SIGNATURE Mrs. Pearl Smith M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

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 *Elton R. H. Remelina* .....

Licensed Embalmer No. *4283* .....  
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.