

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023412

STATE FILE NUMBER

FILED JUN 18 1959

Registration District No. _____ Primary Registration District No. _____ Registrar **2 5172**

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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 St. Louis, Missouri TOWN		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 St. Louis Childrens		Length of stay in lb 6mo 2da	d. STREET ADDRESS (If outside, give location) 2817 A Cass Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Willie Lee Smith			4. DATE OF DEATH Month Day Year 6/6/59
5. SEX M	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/19/49
9. AGE (In years last birthday) 10 yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Henry Smith	
13b. MOTHER'S MAIDEN NAME Roberta Caldwell		14. NAME OF HUSBAND OR WIFE never married	
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	17. INFORMANT Address Ida Toibb, 500 S. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized debility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Dystonia musculorum deformans DUE TO (c) 355x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aspiration pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 yrs 9 yrs
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 23b CORRECTED BY AFFIDAVIT OF Funeral Director 6-22-59 dec		20c. TIME OF INJURY Hour Month, Day, Year 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 ST. LOUIS		COUNTY STATE	
21. I attended the deceased from 12/4/58 to 6/6/59 and last saw ^{him} her alive on 6/6/59 Death occurred at 3:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard Spitz M.D.		22b. ADDRESS 500 S. Kingshighway	
22c. DATE SIGNED 6/6/59		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 6/10/59		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	
23d. LOCATION (City, town, or county) ST. LOUIS CO, MO		(State)	
24. FUNERAL DIRECTOR LEROY BANNISTER		ADDRESS 4251 Washington	
25. DATE RECD. BY LOCAL REG. JUN 8 '59		26. REGISTRAR'S SIGNATURE Earl Smith. M.D. m86	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Leroy W. Gannister*

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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.