URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-038087

FILED VS NOV 3 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9687 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis Mo — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 739 Wattau — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 739 Wattau — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Last: Smiley
4. DATE OF DEATH: Month 9 Day 21 Year 59

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH:
9. AGE (last birthday):
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wk
10b. KIND OF BUSINESS OR INDUSTRY: Wk
11. BIRTHPLACE (City and state or country): Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Wk
13b. MOTHER'S MAIDEN NAME: Wk
14. NAME OF HUSBAND OR WIFE: Wk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Wk Wk
16. SOCIAL SECURITY NO.: Wk
17. INFORMANT: Clayton Cr — Address: Boo Clark

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Occlusion
DUE TO (c): Coronary Sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 956, to _____ and last saw her/him alive on _____
Death occurred at 956 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M Quinn Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 9/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Rowland-Aker Mortuary Service
23b. DATE: 10-31-59
23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR — ADDRESS: 4204 Manchester Ave. St. Louis 10, Mo.
25. DATE RECD. BY LOCAL REG.: OCT 22 1959
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.