

**STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS FEB 23 1960**

STATE FILE NUMBER  
**60-008903**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. **2 1652**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>23 days</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4137 Labadie</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print) First <b>Mobile</b> Middle Last <b>Smith</b>			<b>4. DATE OF DEATH</b> Month <b>2</b> Day <b>11</b> Year <b>60</b>		
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11/22/05</b>	<b>9. AGE (last birthday)</b> <b>54</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Ace Cab Co.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Bethany, Louisiana</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>pennie Smith</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucinda Lewis</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>W. W. 2</b>	<b>16. SOCIAL SECURITY NO.</b> <b>437-16-0246</b>	<b>17. INFORMANT</b> <b>Mrs. Louise S. Skelton</b> Address <b>5426 St. Louis Ave.</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <b>163x</b>	

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Abscess of Lung</b>	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	<b>Month, Day, Year</b>
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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**21. I attended the deceased from** **1-18-60** to **2-11-60** and last saw him alive on **2-11-60**  
 Death occurred at **7:55** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <i>Sydney P. Shaw</i> (Degree or title) <b>, M.D.</b>	<b>22b. ADDRESS</b> <b>2601 N. Whittier St.</b>	<b>22c. DATE SIGNED</b> <b>2-11-60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>23b. DATE</b> <b>2/17/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>
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<b>24. FUNERAL DIRECTOR</b> <b>Glenn &amp; Walker Funeral Home 4319 Delmar</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>FEB 13 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Loal Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leroy W. Jamieson<sup>X</sup>

Licensed Embalmer No. 4523

P. O. Address RR 51 WA

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.