

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAR 3 1 1960

160-013242

STATE FILE NUMBER

2 3185

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5039 Enright</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>JUANITA</u> Middle <u>C.</u> Last <u>SMITH</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>15</u> Year <u>1960</u>										
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-14-1928</u>		9. AGE (last birthday) <u>31</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Joseph Shoemaker</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Thomas Smith Sr.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT <u>Thomas Smith 5039 Enright Avenue</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST, ACCIDENTAL</u> DUE TO (b) <u>BREAST BIOPSY, LEFT</u> DUE TO (c) <u>INTRADUCTAL PAPILLOMA, LEFT</u> <u>213x</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour <u>8:00</u> Month, Day, Year <u>3/15/60</u>		DURING INDUCTION OF ANESTHESIA FOR SURGERY											
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>HOSPITAL</u>		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u>		COUNTY <u>MISSOURI</u>		STATE					
21. I attended the deceased from <u>FEB. 17, 1953</u> to <u>MARCH 15, 1960</u> and last saw her/him alive on <u>MARCH 15, 1960</u> Death occurred at <u>8:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>C. O. Vermillion, M.D.</u>				22b. ADDRESS <u>BARNES HOSPITAL</u>				22c. DATE SIGNED <u>3/16/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-19-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>				23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
24. FUNERAL DIRECTOR <u>Ellis Funeral Home</u>			ADDRESS <u>2820 Stoddard St.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 19 1960</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>						

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 Fulton E. Culkin

Licensed Embalmer No. 4198
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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 got embalmed, fact should be so stated above.