URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8819 STATE FILE NUMBER 60-036579

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 205 S. Broadway
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) 205 S. Broadway
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Thomas Middle: D. Last: Smith

4. DATE OF DEATH Month: Sept Day: 6 Year: 1960

5. SEX: MALE

6. COLOR OR RACE: White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov 26, 1898

9. AGE (last birthday): 61

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): Retiree

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Madison County, Ill. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Joe Smith

13b. MOTHER'S MAIDEN NAME: Hattie Jane

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Lorrine Johnson Address: St. Louis

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a) Heat Prostration

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cirrhosis of the Liver

DUE TO (c) Pulmonary Edema

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) 581.04

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.) Suffered when deceased was found in his room at the Hotel on Sept 6 1960

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9 6 60

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.) Hotel

20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 10 PM. [redacted] the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]

22b. ADDRESS 1300 [illegible]

22c. DATE SIGNED 9-8-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 9-9-1960

23c. NAME OF CEMETERY OR CREMATORY Silver Mines Cemetery

23d. LOCATION (City, town, or county) Silver Mines (State) Mo.

24. FUNERAL DIRECTOR R. Caldwell & Sons. ADDRESS Flat River, Mo

25. DATE RECD. BY LOCAL REG. SEP 8 1960

26. REGISTRAR'S SIGNATURE Hoard Smith. M.D.

DOCUMENT

NOV 2 1960

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, M

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