

318

1003

3473

STATE FILE NUMBER

AMENDED

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

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 24 1961

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 **Homer G. Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4114 Walbridge** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Smith** 4. DATE OF DEATH Month Day Year **3 31 61**

5. SEX **Fem.** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-31-61** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. **1 55**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Saint Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Odell Smith** 13b. MOTHER'S MAIDEN NAME **Barbara Jean McKinney** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **Mrs. Mary D. Jett, R.R. 6, 2601 N. Whittier**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Prematurity**
 DUE TO (b) _____
 DUE TO (c) **762.5**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Atelectasis**
 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 **3-31-61** to **3-31-61** and last saw her ^{her} _{him} alive on **3-31-61**
 Death occurred at **8:00 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Richard White* (Degree or title) _____, M. D. 22b. ADDRESS **2601 N. Whittier** 22c. DATE SIGNED **4-5-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **4-29-61** 23b. DATE _____ 23c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Rayland Aker 404 Manchester** 25. DATE RECD. BY LOCAL REG. **APR 12 1961** 26. REGISTRAR'S SIGNATURE **Loard Smith. M.D.**

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.