

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4801-61-019491
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4801

AMENDED

FILED JUN 2 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 12 Yrs.	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5066 Arlington Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5066 Arlington Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Leonard C. Smith, Sr.			4. DATE OF DEATH Month Day Year 5 19 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/96	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance worker		10b. KIND OF BUSINESS OR INDUSTRY St. L. Water Co.	11. BIRTHPLACE (City and state or country) - Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clinton Smith		13b. MOTHER'S MAIDEN NAME Sarah Branson		14. NAME OF HUSBAND OR WIFE Lectoria E. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address 5066 Mrs. Lectoria Smith, Arlington		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Common bile duct</i>					INTERVAL BETWEEN ONSET AND DEATH - ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					1551
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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 a.m. p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>May 3 - 1954</i> to <i>May 19 - 1961</i> and last saw him ^{her} alive on <i>May 18 - 1961</i> Death occurred at <i>2:15 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John G. M. Finney M.D.</i> (Degree or title)			22b. ADDRESS <i>5014 Thekla Av.</i>		22c. DATE SIGNED <i>5/20/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>5/22/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis County</i>	(State) <i>MO.</i>
24. FUNERAL DIRECTOR <i>Drehmann-Harral, 1905 Union Blvd.</i>			25. DATE RECD. BY LOCAL REG. <i>MAY 22 1961</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

Dr. John McSwiney
5014 Thekla
Ev 5-4688
Hrs. 9:30-11 Sat.
10:30 best time knock on
door

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.