

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6707-61-027355
STATE FILE NUMBER

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

AMENDED

Registration District No.

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis City</i>		Length of stay in 1b <i>3 Days</i>	c. CITY OR TOWN <i>Centerville, Illinois</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>107 Hawthorne Drive</i>

3. NAME OF DECEASED (Type or print) First <i>Judi</i> Middle <i>Kay</i> Last <i>Smart</i>			4. DATE OF DEATH Month <i>July</i> Day <i>12</i> Year <i>1961</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 10, 1961</i>	9. AGE (last birthday) IF UNDER 1 YEAR Months <i>0</i> Days <i>3</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>INFANT</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) <i>Jewish Hosp. Mo. St. Louis</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

13. FATHER'S NAME <i>Charles Eugene Smart</i>		14. MOTHER'S MAIDEN NAME <i>Bladys Marie Brown</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Charles Eugene Smart, St. Louis, Illinois</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Prematurity</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>776X</i>		
DUE TO (c)			

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		
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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.)			
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20c. TIME OF INJURY Hour <i>6:15</i> a.m. <i>P.M.</i> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from *7-10-61* to *7-13-61* and last saw her alive on *7-13-61*
Death occurred at *6:15 P.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Marshall D. Greenman M.D.</i>	22b. ADDRESS <i>950 Francis Pl, Clayton, Mo</i>	22c. DATE SIGNED <i>7-14-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 14, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Macedonia Cemetery</i>	23d. LOCATION (City, town, county) (State) <i>St. Louis, Missouri</i>
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24. FUNERAL DIRECTOR <i>Paul R. Hamilton, Cuba, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>JUL 19 1961</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith - M.D.</i>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 Paul Shanklin
not embalmed

Licensed Embalmer No. _____

P. O. Address Cuba Mo.

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.