

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14182

318

1003

3693

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>Homer Phillips, Hoopla</i>				USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, MO.</i>		c. LENGTH OF STAY (In this place) <i>15 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillip</i>				d. STREET ADDRESS (If rural, give location) <i>1108 N. Taylor</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i>		b. (Middle) <i>R. SMITH</i>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>4 21 1949</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>NEGRO</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>OCT. 9-1883</i>	
9. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Days <i>6</i>		IF UNDER 1 YEAR Hours <i>14</i>		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABOR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Unk.</i>		11. BIRTHPLACE (State or foreign country) <i>Unk.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>JAKE SMITH</i>		13b. MOTHER'S MAIDEN NAME <i>POLLY JONES</i>		14. NAME OF HUSBAND OR WIFE <i>LAURA SMITH</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Melvin W. Smith</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia, Contrib.</i> ANTECEDENT CAUSES <i>Full thickness Burns of chest & back; suffered when discarded shirt caught on fire while lighting a coal oil lamp at his home</i> DUE TO (b) <i>back; suffered when discarded shirt caught on fire while lighting</i> DUE TO (c) <i>a coal oil lamp at his home</i> II. OTHER SIGNIFICANT CONDITIONS <i>1308 No Taylor Ave on April 16</i> <i>Conditions contributing to the death but not related to the disease or condition causing death. 1949 at about 530 am.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo 181</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>apr 16 49 530 A.M.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>g. 150</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>430 A.M.</i> , from the causes and on the date stated above. <i>16</i>							
23a. SIGNATURE (Degree or title) <i>Walter P. Boyd</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>4/22/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/25/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>	
DATE REC'D BY LOCAL REG. <i>APR 25 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Boyd Bros. Fun. Home, 3704 E. Broadway</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 22 1949

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 _____

Henry C Williams

Student Embalmer No. *306*

working under my personal supervision.

Signed *Henry C Williams*
Student Embalmer

Signed *Edward A Flynn*

Licensed Embalmer No. *4444*

P. O. Address. *4548^c Page*

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 this body is not embalmed, fact should be so stated above.

Ln. 7664