

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18190
State File No. 1141

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 626 Registrar's No. 1141

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>0-00</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Wood Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>927 LAUREL STREET</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>ALEXANDER</u>	c. (Last) <u>Smith (SMITH)</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 8 1949</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>2-15-77</u>	9. AGE (In years last birthday) <u>72</u>	If under 1 year Months <u>2</u> Days <u>25</u>	If under 2 hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MACRONI CO. MOUND CITY</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George E. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Woodcock</u>	14. NAME OF HUSBAND OR WIFE <u>Floora Heldman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>494-03-7094</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Wood Hospital Records</u>	ADDRESS <u>Co. 8 40</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>13 hrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-22-1948, to 5-8-1949, that I last saw the deceased alive on 5-7-1949, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. VerGiss, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Robert Wood Hospital</u>	23c. DATE SIGNED <u>5/8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO - MO</u>
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DATE REC'D BY LOCAL REG. <u>5-7-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u>	ADDRESS <u>1167 HAMILTON</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed

Elmo R. Padwell

Licensed Embalmer No. 4077

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