

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43183**

FILED JAN 10 1950

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BIRTH NO. _____ REG. DIST. NO. **1317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **04786**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Yale	
c. LENGTH OF STAY (In this place) 46 months		d. STREET ADDRESS (If rural, give location) North D. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Old Peoples Home			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MONROE c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) December 26, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 24, 1871
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Smith's Landing Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Taylor Smith		13b. MOTHER'S MAIDEN NAME Philloman Roussin	14. NAME OF HUSBAND OR WIFE Mrs. May Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Smith, 6600 Washington Ave.
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy DUE TO (c) Hypertension	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Sept. 20, 1949 , to Dec. 26, 1949 , that I last saw the deceased alive on Dec. 25, 1949 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS 607 N. Grand	
23c. DATE SIGNED 12.26.49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 28, 1949	
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. 12-27-49		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Shepard Funeral Home, 1167 Hamilton Ave	

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

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 Charles 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.