

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42856
10228

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis 2239		d. STREET ADDRESS (If rural, give location) 2518 West St. Louis Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) C. c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 11 29 50				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 14-1898	
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		11. BIRTHPLACE (State or foreign country) Columbia Terminal St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John P. Smith		13b. MOTHER'S MAIDEN NAME Margaret Fitzpatrick		14. NAME OF HUSBAND OR WIFE Bernice Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernice Smith, 2518 W. St. Louis, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal fracture of skull, Subdural hemorrhage when struck by a tractor driven by one Melvin James an Chauffeur, St. Louis, Mo about 100 feet north of Franklin around 530 pm Nov 28 1950 DUE TO (b) _____ MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 1000 Accident			20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) 1000 Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY Nov 28 50 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 9125			
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 2:15 p.m., from the causes and on the date stated above. 37							
23a. SIGNATURE (Degree or title) Melvin E. Edgler 3			23b. ADDRESS 1300 Clark Ave			23c. DATE SIGNED 12/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U		24b. DATE 12-21-1950		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REG. DEC 1 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U., 2223 St. Louis Ave.			

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

[Handwritten mark]

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 *Edmond J. Remelius*

Licensed Embalmer No. 42,83

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.