

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14753  
3182  
State File No. 100s

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> <u>2109</u>		d. STREET ADDRESS (If rural, give location) <u>3102 Marnice</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Smith</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>10</u> <u>51</u>					
5. SEX <u>3</u> <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>March 11, 1899</u>			
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Vicksburgh, Mississippi</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John H. Grady</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Hula Smith</u> <u>3924 Fairfax</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>11</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Steele</u> ADDRESS <u>4650 Labadie</u>					
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) <u>Broncho-Pneumonia</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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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? <u>H91X</u>					
22. I hereby certify that I attended the deceased from <u>Jan</u> 19 <u>51</u> , to <u>4-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>51</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Will L. Smiley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4105-a-Easton</u>		23c. DATE SIGNED <u>4-12-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 14 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Roonee</u>		ADDRESS <u>1221 N. Grand</u>			

*[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 *[Signature]* .....

Licensed Embalmer No. *4758*

P. O. Address *1221 72<sup>nd</sup> St*

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.