

FILED JUL 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25305  
6245

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 <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>		
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (to this place) <u>24 hrs</u>	c. CITY OR TOWN <u>E. St. Louis Ill.</u>		d. STREET ADDRESS (If rural, give location) <u>1811 GAY AVE. 8120</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys L.H.F.</u>			d. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1951</u>		
3. NAME OF DECEASED (Type or Print) <u>Charles</u>		a. (First)	b. (Middle)	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>att-1891</u>	9. AGE (In years last birthday) <u>60</u>	10. IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Poimp Smith</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA McNeil</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lin Ollie King</u> ADDRESS _____		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mechanical Intestinal Obstruction</u>		DUPLICATE OF (a) <u>Mechanical Intestinal Obstruction</u>			<u>8 hrs</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			DUE TO (b) <u>Ulvulus of Small Intestine</u>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			Location <u>24-4 hrs</u>
Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</u>		19a. DATE OF OPERATION <u>7/7/51</u>			19b. MAJOR FINDINGS OF OPERATION <u>Mechanical Obstruction Early Gangrene of Bowel</u>
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	21f. HOW DID INJURY OCCUR? <u>-570.3</u>	

22. I hereby certify that I attended the deceased from 7/6/51, 1951, to 7/7, 1951, that I last saw the deceased alive on 7/7, 1951, and that death occurred at 10:40 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. R. Frazier, Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>1419 Kansas</u>	23c. DATE SIGNED <u>7/13/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/14/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Carterville</u>
DATE REC'D BY LOCAL REG. <u>JUL 13 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Green</u>	ADDRESS <u>3517 Oakdale</u>

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

*Edgar H. Green*

Licensed Embalmer No. 4521

P. O. Address 3517 Laclede

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.