No. 300
10-48

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

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25309

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6143

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2229
d. STREET ADDRESS (If rural, give location): 2727 Chouteau

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle):
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): 7 4 51

5. SEX: F
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2
8. DATE OF BIRTH: Aug. 22, 1922
9. AGE (In years last birthday): 28 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Courth, Miss
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: William D. Chambers
13b. MOTHER'S MAIDEN NAME: Rachel Larnah
14. NAME OF HUSBAND OR WIFE: Frank R. Smith

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.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Robert Chambers
ADDRESS: 2729½ Chouteau

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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): Septicemia
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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0534

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* 5:55 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Coroner (Degree or title)
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10 1951
24c. NAME OF CEMETERY OR CREMATORY: Oakdale
24d. LOCATION (City, town, or county): Lemay (State): Mo.

DATE REC'D BY LOCAL REG.: JUL 10 1951
REGISTRAR'S SIGNATURE: J B Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE: McClain & Boundtree
ADDRESS: 3709 Chouteau

(Licensed Embalmer's Statement on Reverse Side)

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 Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Av

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.