0.300
0.48

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

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35625

BIRTH NO. 73045-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8938

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

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 2249
d. STREET ADDRESS (If rural, give location): 3530 Indiana, 18

3. NAME OF DECEASED (Type or Print)
a. (First): Phillip
b. (Middle): James
c. (Last): Smith

4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: 10-9-51
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 3 Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Emmit Smith
13b. MOTHER'S MAIDEN NAME: Mary Jane Bradley
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)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mary Jane Smith ADDRESS: 3530 Indiana, 18

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) Prematurity

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. abruptio placenta

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? 761.5

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* 10-9-, 1951, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Varlow M.D.
23b. ADDRESS: 1325 So Grand
23c. DATE SIGNED: 10-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-10-51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Annapolis Mo.

DATE REC'D BY LOCAL REG.: OCT 10 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. W.J.G.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLaughlin 2301 Lafayette

(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.

No Embalm

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.