

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35627

318

1003

9654

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2733 Dickson	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) — c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1951		
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5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 28, 1886	9. AGE (In years last birthday) Months Days 65 YRS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PORT GIBSON, MISS
13a. FATHER'S NAME Thompson Smith			13b. MOTHER'S MAIDEN NAME CUSTINA P	
14. NAME OF HUSBAND OR WIFE —			12. CITIZEN OF WHAT COUNTRY?	

13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John Hardrick 2801 Dayton		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		DUE TO (b) Generalized Arteriosclerosis			Undet.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Undetermined			Undet.
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None			

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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hood	

22. I hereby certify that I attended the deceased from 10-22, 19 51, to 10-28, 19 51, that I last saw the deceased alive on 10-28, 19 51, and that death occurred at 12:44 A.M., from the causes and on the date stated above.

23a. SIGNATURE John Hardrick, D.O.	23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 10-29-51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-2-51	24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY. MO		

DATE REC'D BY LOCAL REG. NOV 1 1951	REGISTRAR'S SIGNATURE Earl Smith, M.D. & P.	25. FUNERAL DIRECTOR'S SIGNATURE 2707 STODDARD ST. G.F. Halton
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur L. Holliard*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4291*

P. O. Address *4740<sup>th</sup> Couper*

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.