

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22666**
Registrar's No. **6019**

JUL 9 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 6019 | | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO. | | c. LENGTH OF STAY (In this place) 4 | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2189 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Honor G. Phillips | | | | d. STREET ADDRESS (If rural, give location) 18 3128 MARKET | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EDWARD c. (Last) SMITH | | | 4. DATE OF DEATH (Month) (Day) (Year) 6 21, 1952 | | | | | |
| 5. SEX 3 | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1 | 8. DATE OF BIRTH FEB. 2, 1948 | | 9. AGE (In years last birthday) 4 | IF UNDER 1 YEAR: Months _____ Days _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY Child | | 11. BIRTHPLACE (City and State or Foreign Country) Memphis | | 12. CITIZEN OF WHAT COUNTRY? MEMPHIS | | |
| 13a. FATHER'S NAME ROBERT SMITH | | | 13b. MOTHER'S MAIDEN NAME CORA L. SMITH | | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT SMITH 3128 Market | | | | |
| 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) Fr of skull; Brain Injury suffered when struck by brick operated by Willie Banks in front of house 3049 Clark Ave about 1015 am June 21 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 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 1952 Accident | | | 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 21 5:10 PM | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E8120 | | | | | | |
| 22. I hereby certify that I attended the deceased from 1952 , to 1952 , that I last saw the deceased alive on June 21 , 19 52 , and that death occurred at 7:15 P. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Robert E. Taylor Coroner | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 6-27-52 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6 28 52 | | 24c. NAME OF CEMETERY OR CREMATORY Oakdale | | 24d. LOCATION (City, town, or county) (State) Lebanon MO | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 27 1952 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McBurke & Southern 3506 Franklin | | | | |

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

The J Yandell

Licensed Embalmer No. *42 43*

P. O. Address *White Grove mo*

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.