

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19917**
Registrar's No. **4789**

33129
FILED JUN 1 - 1953

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

| | | | | | | |
|---|-------------------------------|---|---|--|---|--|
| 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. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity | | | d. STREET ADDRESS (If rural, give location) 239 1623 South 3rd Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Smoot | | | 4. DATE OF DEATH (Month) (Day) (Year) April 27 1953 | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH April 27 1953 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Lealford Smoot | | 13b. MOTHER'S MAIDEN NAME Louise Young | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Lealford & Louise Smoot | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity incompatible with life 21 weeks. 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. | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 776x | | |
| 22. I hereby certify that I attended the deceased from April 27, 1953 to April 27, 1953 , that I last saw the deceased alive on April 27, 1953 , and that death occurred at 12:40 Am. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) Miriam M. Penoyer MD | | | 23b. ADDRESS 6305-Kinghighway | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 5-30-53 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. MAY 12 1953 | | REGISTRAR'S SIGNATURE J. C. Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Rowland 404 Manchester | | |

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.....

Licensed Embalmer No.....

P. O. Address.....

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.