

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26909

State File No.

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6153

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 WKS</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>8023 Waddell</u> <u>2019</u>			
3. NAME OF DECEASED a. (First) <u>Rubin</u> b. (Middle) <u>V. (Ruben)</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug. 20, 1879</u>		9. AGE (in years less birthday) <u>73</u>		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Deaconess Hosp.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Buchanan</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499 364945</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Smith</u>		18. ADDRESS <u>8023 Waddell</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Subdural Hemorrhage</u>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the most of dying, such as apnea, pulse, asthenia, etc. It means the disease; it may be a complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Edema of Brain suffered when car operated by deceased went off of highway and overturned on Hwy # 21</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>about 5:00 pm accident</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy # 21</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hwy # 21 near Affton Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 15 53 5:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>F 8234</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above. <u>32</u>							
23a. SIGNATURE <u>Frank E. Taylor</u>				23b. ADDRESS <u>302 Clark Ave</u>		23c. DATE SIGNED <u>6/20/53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>removal</u>		24b. DATE <u>6/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	

DATE REC'D BY LOCAL REG. <u>JUN 20 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u>		ADDRESS <u>7420 Michigan Ave.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

See page 2

JUL 31 1955

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.....
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *376*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

26909

State of _____

State File No. _____

County of _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

6153

On this _____ day of _____, 195____, before me appears _____

who, upon _____ oath, states that the original record of birth death

for \$Rubin V. Smith ^{died}~~born~~ 6-17-1953, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Rubin V. Smith

Instead of _____ Robert V. Rueben Smith

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Smith Inf.
Relationship.
8023 Waddell

Present Address.

Subscribed and sworn to before me this 4 day of Nov, 1953.

My Commission expires 3-4-57 Ella S. Caddell Notary Public.

