

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26911

State File No. ....

*copy*  
JUL 31 1953

318

1003

Registrar's No. 6279

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2730<sup>a</sup> LUCAS</b>		e. STREET ADDRESS (If rural, give location) <b>2730<sup>a</sup> LUCAS 5219</b>	
3. NAME OF DECEASED (Type or Print) <b>WILEY SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUN 13 53</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>COLORED</b>	
7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED <b>WIDOWED</b>		8. DATE OF BIRTH <b>1883</b>	
9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>clerk</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>clerk</b>		12. CITIZEN OF WHAT COUNTRY? <b>clerk</b>	
13a. FATHER'S NAME <b>clerk</b>		13b. MOTHER'S MAIDEN NAME <b>clerk</b>	
14. NAME OF HUSBAND OR WIFE <b>clerk</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>clerk</b>	
16. SOCIAL SECURITY NO. <b>clerk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr Taylor Coroners 1300 Clark</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:40 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr Taylor Coroners</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>6-17-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-30-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. JUN 23 1953		REGISTRAR'S SIGNATURE <b>J. Cash Smith MO</b>	
25. FUNERAL HOME OR SERVICE PROVIDER <b>Rowland Mortuary Service</b>		ADDRESS <b>4104 Manchester Ave.</b>	

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

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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.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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