

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1954

State File No.

No. 300
10:48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> c. LENGTH OF STAY (If in this place) <u>7 years</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> d. STREET ADDRESS (If rural, give location) <u>7255 Carlyle Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>9</u> (Year) <u>54</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 4, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>		11. BIRTHPLACE (State or foreign country) <u>unknown, Indiana</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>unknown Smith</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		
14. NAME OF HUSBAND OR WIFE <u>Clara Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>885-18-729</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Warren W. Smith</u>		ADDRESS <u>7255 Carlyle Avenue</u>				
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) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart dis.</u> Morbidity 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. <u>Previous myocardial infarct 1949.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 years</u>	
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) <u>4200</u>		
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? _____		
22. I hereby certify that I attended the deceased from <u>1946</u> , 19 <u>51</u> , to <u>1-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-31</u> , 19 <u>53</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>9427 Delmar</u>		23c. DATE SIGNED <u>1-9-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linton, Indiana</u>		
24d. LOCATION (City, town, or county) (State) <u>Linton, Indiana</u>		DATE REC'D BY LOCAL REG. <u>1/9/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>G.R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar Blvd</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

Clarence H. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *4911*

P. O. Address *St. Louis, 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.