

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7398

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 192

FILED FEB 18 1954

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>South Kinloch Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>South Kinloch Park</u>	
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1133 Warwick St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1133 Warwick Street</u>		e. STREET ADDRESS (If rural, give location) <u>1133 Warwick St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aquail</u>	b. (Middle)	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-2-1899</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jobbing carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNK.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Woods</u> ADDRESS <u>4240 W. Cote Brilliant</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>From overexposure and malnutrition and secondary heart and kidney failure.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>His body was found in his home at 1133 Warwick, Kinloch Park, by-GEORGE.</u> DUE TO (c) <u>TEETERS, who shared the room and the bed with the deceased. Body removed to County Hospital by BOYD BROS.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>AMBULANCE for examination. Death from natural causes.</u>	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural causes</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kinloch Park St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 18, 1954 9:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Death from natural causes</u>
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Willmann, M.D.</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>1-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-25-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1/25/54</u>	REGISTRAR'S SIGNATURE <u>Hebert R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home, Inc. 2820 Stoddard St.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
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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
Student Embalmer

Signed

Paul E. Culkin

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.