

FILED APR 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14126**
3115

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

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Homer G. Phillips Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY _____

c. CITY OR TOWN **St. Louis**

d. In Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **2947 Thomas Street**

3. NAME OF DECEASED (Type or Print)

a. (First) **Pearlie** b. (Middle) _____ c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year)
4 3 54

5. SEX **Female** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Divorced**

8. DATE OF BIRTH **April 3, 1908** **9. AGE** (In years last birthday) **46**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **No**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **Millport Ala**

12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **Sam Stewart** **13b. MOTHER'S MAIDEN NAME** **Mart Hartan**

14. NAME OF HUSBAND OR WIFE **Higges Smith**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **NO**

17. INFORMANT'S SIGNATURE OR NAME **Louzia Jones** **ADDRESS** **1915 Bacon**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Rheumatic Heart Disease with Decompen- sation**

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 **Undt.**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

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)
416 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-25**, 19**54**, to **4-3**, 19**54**, that I last saw the deceased alive on **4-3**, 19**54**, and that death occurred at **3:30A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. B. Williams M.D.** **23b. ADDRESS** **2601 N. Whittier** **23c. DATE SIGNED** **4-5-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **4/8.54**

24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis Co MO**

DATE REC'D BY LOCAL REG. **APR 6 1954** **REGISTRAR'S SIGNATURE** **Carl Smith** **25. FUNERAL DIRECTOR'S SIGNATURE** **Boyd Bros Funeral Home** **ADDRESS** **3706 Finney**

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.....
Signature of Student Embalmer

Signed..... *Edward J. Flynn*

Licensed Embalmer No. *4444*.....

P. O. Address..... *4548* Page

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.