

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14127
Registrar's No. 3426

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3426									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION. Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 21 2623 Market 22170											
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle)		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) 4 15 54								
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 4, 1885		9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Days 2		11. UNDER 1 HR. Hours		12. UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) / Holly Springs, Mississippi				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Tom Smith				13b. MOTHER'S MAIDEN NAME Ella Bledsoe				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Mary Hudson, 2623 Market Place				ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis 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 <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) 332X							
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?							
22. I hereby certify that I attended the deceased from 4-12, 1954, to 4-15, 1954, that I last saw the deceased alive on 4-15, 1954, and that death occurred at 1:05A m., from the causes and on the date stated above.															
23a. SIGNATURE E. B. Williams (Degree or title) M.D.				23b. ADDRESS 2601 N. Whittier				23c. DATE SIGNED 4-15-54							
24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped				24b. DATE April 18, 1954				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) Memphis, Tennessee			
DATE REC'D BY LOCAL REG. APR 16 1954				REGISTRAR'S SIGNATURE Carl Smith M.D. R.K. Couer				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1221 N. Grand							

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

APR

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 *M. Elvin Black*.....

Licensed Embalmer No. 396

P. O. Address 1221 N. G.

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.