

FILED JUL 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. 20093

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bonne Terre Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) June 30 1954	
5. SEX Male 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Doe Run, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Francis Smith		13b. MOTHER'S MAIDEN NAME Elizabeth Lynch		14. NAME OF HUSBAND OR WIFE Vada 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. 486-18-8152		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Vada Smith St. Louis, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. in automobile accident			

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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 28 1954		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR overturning of automobile	

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 (Degree or title) Bert J. Miller, Coroner		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 7/1/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/2/54		24c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. July 1, 1954		REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kutis Funeral Home St. Louis, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

94

AUG 27 1954

JUL 13 1953

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..... *Leo J. Buddle* Licensed Embalmer No. 398

P. O. Address..... *St. Louis*

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.