

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25257

6686

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY None			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 11 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		21190	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.C.A. Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 4422 Kennerly Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) Leo		b. (Middle) J.		c. (Last) SMOOT	
4. DATE OF DEATH		July 16, 1954		5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Divorced		8. DATE OF BIRTH January 21, 1914		9. AGE (In years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Natchez, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ben Smoot		13b. MOTHER'S MAIDEN NAME Mary Carroll		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas Cotton, 4617 Drexel Blvd. Chicago Ill			
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 INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Gunshot wounds of heart suffered when shot with gun in the hands of one, Margaret Furman, (col) in tavern at 4209 Delmar, about 4:10 p.m. July 16, 1954				DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE Justifiable Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., vessel) Tavern		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21f. HOW DID INJURY OCCUR? E981X	
21d. TIME OF INJURY July 16 54 4:10		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4406 _____, from the causes and on the date stated above.			
22a. SIGNATURE Patrick P. Taylor Esq		(Degree or title) Esq		22b. ADDRESS 1300 Clark Avenue		22c. DATE SIGNED 7/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/21/54		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Brookhaven, Mississippi	
DATE REC'D BY LOCAL REG. JUL 20 1954		REGISTRAR'S SIGNATURE Paul Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cunningham & Moore Inc, 2405 Marcus Ave			

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed

*John R. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4700 Hammett Pl.

**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.**