

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29248**  
Registrar's No. **7641**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer S. Phillips**  
e. STREET ADDRESS (If rural, give location) **18 501 So. Euclid** 21870

3. NAME OF DECEASED (Type or Print)  
a. (First) **James** b. (Middle) \_\_\_\_\_ c. (Last) **Smith** 4. DATE OF DEATH (Month) (Day) (Year) **Aug 15, 1954**

5. SEX **Male** 6. COLOR OR RACE **Col** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **May 31, 1904** 9. AGE (In years last birthday) **50** If Over 1 Year Months Days If Under 1 Year Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Smith** 13b. MOTHER'S MAIDEN NAME **Bessie Patterson** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **James Smith** ADDRESS **501 So. Euclid**

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, ashenia, etc. It means the disease, injury, or complication which caused death.  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Pulmonary Tuberculosis**  
DUE TO (c) **Dehydration**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Malnutrition**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_ **002X**

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 **8:30A** m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph M. Dwyer** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **1308 Clark** 23c. DATE SIGNED **8/16/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Aug 19/54** 24c. NAME OF CEMETERY OR CREMATORY **Woodlawn Cem** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. MO**

DATE REC'D BY LOCAL REG. **AUG 18 1954** REGISTRAR'S SIGNATURE **J. Earl Smith m.d.** 25. FUNERAL DIRECTOR'S SIGNATURE **J. G. Green** ADDRESS **4214 Lehman**

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 *J. A. Green*.....

Licensed Embalmer No. *296*.....

P. O. Address *4214 Del...*.....

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.