

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

82214
8255BIRTH NO. 65959-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		
St. Louis			1 hr.	East St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)			
St. Mary's Infirmary			1028 North 3rd Street			
3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)	
Baby				Smith	9-4-54	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday) # UNDER 1 YEAR Days Hours Mins.	
Male	Negro	Single		9-4-54	0 0 0 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		
none		none		St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		
USA				Violetta Smith		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
none		no no		none		
17. INFORMANT'S SIGNATURE OR NAME		18. CAUSE OF DEATH		ADDRESS		
Violetta Smith		MEDICAL CERTIFICATION		1028 N. 3rd		
18. CAUSE OF DEATH		19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		PREMATURITY		6 mos.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
					YES <input type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
				776X		
22. I hereby certify that I attended the deceased from <u>9-4</u> , 19 <u>54</u> , to <u>9-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-4</u> , 19 <u>54</u> , and that death occurred at <u>6:30A.</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (In case or title)		23b. ADDRESS		23c. DATE SIGNED		
Frank P. Woodson M.D.		928 N. 2nd St. E. St. Louis, Ill.		9/7/54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		
Removal		9-7-54		Booker Washington		
				East St. Louis, Illinois		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. JOURNAL DIRECTOR'S SIGNATURE ADDRESS		
SEP 7 1954		C. L. Neek		111 2/13th		

(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 _____

P. J. Nash

Licensed Embalmer No. *2432*

P. O. Address *2847 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 this body is not embalmed, fact should be so stated above.