

FILED SEP 21 1954

## STANDARD CERTIFICATE OF DEATH

32223

State File No. 8309

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|--|--|
| BIRTH NO. _____                                                                                                                                                                                                                                               |                                    | REG. DIST. NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             | PRIMARY REG. DIST. NO. _____                                                                                                          |                                                                                                                      | State File No. _____                                                                                                                 |                                            | Registrar's No. _____                             |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |                                                                                                                      |                                                                                                                                      |                                            |                                                   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis Mo.</u>                                                                                                                                                                  |                                    | c. LENGTH OF STAY (in this place)<br><u>28 yrs.</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | c. CITY OR TOWN<br><u>St. Louis</u>                                                                                                   |                                                                                                                      | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                            |                                                   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Louis State Hospital</u>                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | e. STREET ADDRESS (If rural, give location)<br><u>13 5100 Arsenal St. 21290</u>                                                       |                                                                                                                      |                                                                                                                                      |                                            |                                                   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>ROBERT</u>                                                                                                                                                                                            |                                    | b. (Middle) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | c. (Last) <u>SMITH</u>                                                                                                                |                                                                                                                      | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>August 27, 1954</u>                                                                   |                                            |                                                   |  |  |
| 5. SEX<br><u>male</u>                                                                                                                                                                                                                                         | 6. COLOR OR RACE<br><u>colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>single</u>                                                                                                                                                                                                                                                                                                                                                                                                    | 8. DATE OF BIRTH<br><u>1908</u>             |                                                                                                                                       | 9. AGE (In years last birthday)<br><u>46</u>                                                                         | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                                           | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |                                                   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).<br><u>ill</u>                                                                                                                                                    |                                    | 10b. KIND OF BUSINESS OR INDUSTRY _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Missouri</u>                                                                 |                                                                                                                      | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                        |                                            |                                                   |  |  |
| 13a. FATHER'S NAME<br><u>Luther Smith</u>                                                                                                                                                                                                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u> |                                                                                                                                       |                                                                                                                      | 14. NAME OF HUSBAND OR WIFE _____                                                                                                    |                                            |                                                   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                                                                                                                                                                   |                                    | 16. SOCIAL SECURITY NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Clara M. Robinson 5100 Arsenal</u>                                                    |                                                                                                                      |                                                                                                                                      |                                            |                                                   |  |  |
| 18. CAUSE OF DEATH.<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                               |                                    | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Conjestive heart failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive cardio-vascular disease 15 yrs.x</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                             |                                                                                                                                       |                                                                                                                      |                                                                                                                                      |                                            | INTERVAL BETWEEN ONSET AND DEATH<br><u>sudden</u> |  |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                  |                                    | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                       |                                                                                                                      | 20. AUTOPSY?<br>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) _____                                                                                 |                                                                                                                      |                                                                                                                                      |                                            |                                                   |  |  |
| 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?<br><u>443x</u>                                                                                             |                                                                                                                      |                                                                                                                                      |                                            |                                                   |  |  |
| 22. I hereby certify that I attended the deceased from <u>Jan. 1, 1945</u> , to <u>Aug. 27, 1954</u> , that I last saw the deceased alive on <u>Aug. 27, 1954</u> , and that death occurred at <u>8:45a</u> m., from the causes and on the date stated above. |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                                                                       |                                                                                                                      |                                                                                                                                      |                                            |                                                   |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>L. Howaller M.D.</u>                                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | 23b. ADDRESS<br><u>5100 Arsenal St.</u>                                                                                               |                                                                                                                      |                                                                                                                                      | 23c. DATE SIGNED<br><u>8/28/54</u>         |                                                   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____                                                                                                                                                                                                               |                                    | 24b. DATE<br><u>9-30-54</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Anatomical Board</u>                                                                         |                                                                                                                      | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u>                                                               |                                            |                                                   |  |  |
| DATE REC'D BY LOCAL REG.<br><u>SEP 9 1954</u>                                                                                                                                                                                                                 |                                    | REGISTRAR'S SIGNATURE<br><u>Carl Smith M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                                                                       | FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Rowland Baker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.</u> |                                                                                                                                      |                                            |                                                   |  |  |

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 *Frank C. Merrick*

Licensed Embalmer No. *4854*

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.