

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7237  
State File No. 1710  
Registrar's No.

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 <b>Mo.</b> b. COUNTY _____	
b. CITY OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>3 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) _____ c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-14-56</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>4-4-1871</b>
9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
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) <b>Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Will Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Angeline ?</b>	14. NAME OF HUSBAND OR WIFE <b>unk.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b> ADDRESS _____

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonia Terminal</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>	20. AUTOPSY? 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **3-17-52**, 19\_\_\_\_, to **2-14-56**, 19\_\_\_\_, that I last saw the deceased alive on **2-14-56**, 19\_\_\_\_, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George M. Janaka, M.D.</b> (Degree or title) _____	23b. ADDRESS <b>5600 Arsenal St.</b>	23c. DATE SIGNED <b>Feb. 15, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-17-56</b>	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) <b>Memphis, Tenn.</b>		

DATE REC'D BY LOCAL REG. <b>FEB 17 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Price B.O. of Friends</b> ADDRESS <b>2829 Washing-</b>
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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 *Wallace R. Williams*

Licensed Embalmer No. *492*  
*4554 Lexington*  
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.