

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. **22133**  
Registrar's No. **5605**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>22133</b>		Registrar's No. <b>5605</b>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY						
b. CITY OR TOWN <b>St. Louis, Mo</b>			c. LENGTH OF STAY (In this place)			c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2952 a. Thomas Street.</b>				e. STREET ADDRESS (If rural, give location) <b>2/ 2952 a. Thomas Street.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lovie</b>			b. (Middle)			c. (Last) <b>Smith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 9 1956</b>	
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>September 7, 1890</b>		9. AGE (In years last birthday) <b>65</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			11. BIRTHPLACE (City and State or Foreign Country) / <b>Cadiz, Kentucky</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Redd</b>			13b. MOTHER'S MAIDEN NAME <b>City Redd</b>			14. NAME OF HUSBAND OR WIFE <b>Dead</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 ADDRESS <b>Anna Guyton 2952 a. Thomas Street.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medicine</b>						INTERVAL BETWEEN ONSET AND DEATH		
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<b>1 yr.</b>		
		DUE TO (b) <b>metastasis</b>								
		DUE TO (c)								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		<b>174x</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <b>5/14 1956</b> , to <b>6/9 56</b> , that I last saw the deceased alive on <b>6/9 1956</b> , and that death occurred at <b>8 A.</b> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>W.C. Payne, M.D.</b>					23b. ADDRESS <b>3146 a. haledale</b>			23c. DATE SIGNED <b>6/11/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/14/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>JUN 12 1956</b>		REGISTRAR'S SIGNATURE <b>Charles Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.W. Roberts 1416 N. Taylor Ave.</b>					

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 *James G. Carter*

Licensed Embalmer No. *4681*

P. O. Address *St. Louis, Mo.*

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.