

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25261

State File No.

6369

BIRTH NO. _____ 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 **Missouri** b. COUNTY _____

b. CITY OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____

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 **DOA - Homer G. Phillips Hosp.**

STREET ADDRESS (If rural, give location)
4236 E. Garfield 2190

3. NAME OF DECEASED
a. (First) **Robert** b. (Middle) **F.** c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year)
7 5 1956

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov. 16, 1902**

9. AGE (in years last birthday) **53**

IF UNDER 1 YEAR Months **7** Days **19** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Butcher**

10b. KIND OF BUSINESS OR INDUSTRY **Packing House**

11. BIRTHPLACE (City and State or Foreign Country) **Inverness, Mississippi**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Fred Smith**

13b. MOTHER'S MAIDEN NAME **Winola**

14. NAME OF HUSBAND OR WIFE **Francis Smith**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Francis Smith 4236 E. Garfield

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary Oedema**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Cardiac Hypertrophy**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **434.3**

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

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 **1209A** m., from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly Deputy**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **7-6-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **7/9/56**

24c. NAME OF CEMETERY OR CREMATORY **Washington Cemetery**

24d. LOCATION (City, town, or county) (State) **Berkley, Missouri**

DATE REC'D BY LOCAL REG. **JUL 6 1956**

REGISTRAR'S SIGNATURE **J. Earl Smith m.d.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. B. Roonee**

1221 N. Grand

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MI 10001

St. Louis

St. Louis

Missouri State Board of Health

100 - Homer G. Phillips Road

1950 2 7

Smith

1

Smith

or v

13

Nov. 10, 1950

Married

Miss

Miss

J. A. U.

Investment, Insurance

9 1/2 City House

Butcher

Smith

Smith

Smith

Miss E. Phillips

Smith

NO

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 *[Signature]*

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.

Lawson

If this body is not embalmed, fact should be so stated above.