

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29158

FILED SEP 6 1956

318

1003

STATE FILE NUMBER

7377

Registration District No. Primary Registration District No. Registrar

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 3037 Lawton Avenue	

3. NAME OF DECEASED (Type or print) First Mattie Middle NMN Last Smith			4. DATE OF DEATH Month August Day 6 Year 1956		
5. SEX Fem	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1908	9. AGE (In years last birthday) 48 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) E. St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Walter Johnson			14. MOTHER'S MAIDEN NAME Kllen Brooks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Jesse Smith, 3037 Lawton Avenue		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH Sev. Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriolar nephrosclerosis and Hypertensive Cardiovascular Disease		Sev. Yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 442x	
20c. TIME OF INJURY Hour 2 Month 7 Day 20 Year 1956 a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I, attended the deceased from July 20, 1956 to August 6, 1956 and last saw her alive on Aug. 6, 1956 Death occurred at 10:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Name or title) Carl Vermillion, M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 8/7/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/11/56	23c. NAME OF CEMETERY OR CREMATORY Booker T. Washington	23d. LOCATION (City, town, or county) (State) E. St. Louis, Ill
24. FUNERAL DIRECTOR ADDRESS R. M. C. Green, 4060 Washington Ave		25. DATE RECD. BY LOCAL REG. AUG 9 1956	26. REGISTRAR'S SIGNATURE Carl Smith MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Melvin E. G...*
Licensed Embalmer No. *44*

P. O. Address *St. L...*

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