Health, Welfare Public Service

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FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34162

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8338

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Length of stay in Hospital: 40 yrs. 27 28

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
STREET ADDRESS (If outside, give location): 5605a Easton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: York — Middle: — Last: Smith
4. DATE OF DEATH: Month 9 Day 2 Year 57
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/11/85
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 3 Days 21 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Australia, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Smith
14. MOTHER'S MAIDEN NAME: Mary Fields
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Amanda Smith — Address: 5605a Easton

MEDICAL CERTIFICATION

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: undet.
DUE TO (c): 443x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hypertensive Cardiovascular Disease
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-31-57 to 9-2-57 and last saw him alive on 9-2-57
Death occurred at 7:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Sidney Fraser (Degree or title) , M.D.
22b. ADDRESS: 2601 Whittier Street
22c. DATE SIGNED: 9-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/6/57
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: Charles J. Gates — ADDRESS: 4107 Finney
25. DATE RECD. BY LOCAL REG.: SEP 5 '57
26. REGISTRAR'S SIGNATURE: Earl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Edward A. Flynn

Licensed Embalmer No....444

P. O. Address..4107..Finne

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.