

FILED NOV 21 1957

STANDARD CERTIFICATE OF DEATH

42623

STATE FILE NUMBER

10855

Registration District No. 318 Primary Registration District 1003 Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis MO</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NO in hospital, give location) HOSPITAL OR INSTITUTION <i>1123 No. 14</i>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>1123 No. 14</i>	
3. NAME OF DECEASED (Type or print) <i>Yanveree</i>		First <i>Yanveree</i> Middle <i></i> Last <i>Smith</i>		4. DATE OF DEATH Month <i>10</i> Day <i>16</i> Year <i>57</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <i>April 1897</i>		9. AGE (In years last birthday) <i>60</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Police</i>		100. KIND OF BUSINESS OR INDUSTRY <i>Police</i>		11. BIRTHPLACE (City and state or county) <i>Louisiana</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>W.C.</i>		14. MOTHER'S MAIDEN NAME <i>Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no for service) <i>No</i>		16. SOCIAL SECURITY NO. <i>W.C.</i>		17. INFORMANT <i>T.O. Captain Lee Clark</i> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>He had three left side 2.5" lacerate wound at the apex of the heart, injured when started with ice pick in the back of one hand</i>		DUE TO (b) <i>of the apex of the heart, injured when started with ice pick in the back of one hand</i>		DUE TO (c) <i>Marie Neundorff</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>front of apt. 1123 No. 14 - 57 apt. 4007 M 10-16-57</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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) <i>stabbed with ice pick</i>			
20c. TIME OF INJURY Hour <i>10</i> Month <i>10</i> Day <i>16</i> Year <i>57</i> a. m. p. m.		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>1123 No. 14</i>		20f. CITY, TOWN OR LOCATION <i>St. Louis</i> COUNTY <i>Mo.</i> STATE <i>MO</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from <i>11/23</i> to <i>11/23</i> and last saw her/him alive on <i>11/23</i> Death occurred at <i>1123 No. 14</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl Smith</i> (Degree or title)		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>10/15/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>11-30-57</i>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i> (State)		24. FUNERAL DIRECTOR <i>Rowland-Aker Mortuary Service</i> ADDRESS <i>4104 Manchester Ave. St. Louis 10, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 14 '57</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>					

Health, & Welfare
S. Public Health Service
S. 300 v. 1-56

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.

SECURITY INFORMATION - This document is classified "Confidential" and its disclosure is controlled by 1952-140 WORKS 1949.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.