

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034930
STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2497

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saint Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kinloch
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County		Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) 1015 MacArthur
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Rosetta Smith			4. DATE OF DEATH Month 9 Day 26 Year 58		
5. SEX Female	6. COLOR OR RACE 3 Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 26 Sept 1921	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Kinloch, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Jackson		13b. MOTHER'S MAIDEN NAME Mattie Head		14. NAME OF HUSBAND OR WIFE Reekfellow Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Samuel Jackson Address Scott Ave., Kinloch	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>sepsis, uric acid pneumonia + pericarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of cervix, undiagnosed</u>		
DUE TO (c) <u>171X</u>		
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 type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour 11:25 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY St. Louis STATE Mo.	
21. I attended the deceased from <u>9-22-58</u> , to <u>9-26-58</u> and last saw ^{her} _{him} alive on <u>9-26-58</u> Death occurred at <u>1:25</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE Emil L. Martin M.D. (Degree or title)		22b. ADDRESS 601 So. Brentwood		22c. DATE SIGNED 9-26-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/30/58		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
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24. FUNERAL DIRECTOR Boyd Bros. Funeral Home, Kinloch		25. DATE RECD. BY LOCAL REG. 9-29-58		26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, etc., must use only standard manufacturers in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Missouri State Board

Saint Louis

Division

Division

St. Louis County

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U.S.A.

St. Louis County

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 *Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address. *Kinloch*

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.