

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8596
Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. **Homer G. Phillips Hospital** St. **34**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William Smith 530**

(a) Residence, No. **2206 Adams St.** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 5, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **68 4 26**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **LABORER**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) **4 yrs** 11. Total time (years) spent in this occupation **50 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Paducah KENTUCKY**

FATHER 13. NAME **UNKNOWN**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

MOTHER 15. MAIDEN NAME **UNKNOWN**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **elle Young** (ADDRESS) **318 Caroline St.**

18. BURIAL, CREMATION, OR REMOVAL **father Dickson** DATE **3-7-38**

19. FUNERAL DIRECTOR **Lone** (ADDRESS) **3103 Washington Blvd**

20. FILE **MAR 4 1938** **J.F. Brebeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **7:30 P.M.**

The principal cause of death and related causes of importance were as follows:
Infection of hand, acute purulent pericarditis, acute parenchymatous Nephritis, and Bronchopneumonia, suffered when deceased was bitten on hand by one Inez Hicks, after deceased had struck Inez Hicks with fist on home at 2206 Adams Str. about 4:45 P.M. Nov. 14, 1937.

Official contributory causes of importance:
JUSTIFIABLE HOMICIDE.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **homicide** Date of injury **11/14/37**
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **home**

Manner of injury **see above**
 Nature of injury **see above**

24. Was disease or injury, in any way related to occupation of deceased? **N.O.**
 If so, specify (Signed) **Joseph M. Jensen**, M.D. (Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, R. R. Houston Jr., Licensed Embalmer No. 2266
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed R. R. Houston Jr.
Licensed Embalmer No. 2266

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.)