WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3/1

Do not use this space. 20756

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008 791

(b) Township ..... Primary Registration District No. ..... Registered No. 5895

(c) City St. Louis (d) Street No. en route to Homer G. Phillips Hos. St.
(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 S. Smith 530

(a) Residence, No. 49 - 7 St. Alley St. NR Columbia Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE Colored

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) about 1903

7. AGE YEARS about 35 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

FATHER

13. NAME George Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

MOTHER

15. MAIDEN NAME Carrie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

17. INFORMANT (ADDRESS) Stuart Parker Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 7-1 1938

19. FUNERAL DIRECTOR (ADDRESS) Stuart D. Parker Columbia, Mo.

20. FILED JUN 30 1938 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 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 7:50 m P.M.

The principal cause of death and related causes of importance were as follows:

Traumatic Intrathoracic Hemorrhage, penetrating gunshot wound of the chest severing Pulmonary Vein and Aorta, inflicted at the hands of one Stacey Edwards in the performance of his duty, about 7:50 o'clock P.M. June 27, 1938, at First and Plum Streets.

Other 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? Jus. Hom Date of injury June 27 38

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. Private industry.

Manner of injury see above

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) Alfred J. Perry M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Stuart R. Parker, Licensed Embalmer No. 2900

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Stuart R. Parker

Licensed Embalmer No. 2900

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.)