

Registration District No. **791** Primary Registration District No. **2808 SEP 1 1939**

1. PLACE OF DEATH: **1003**
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Homer Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 7/8/39**
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME **530 Richard Smith**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 3, 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 **11** **24** hr. min.

9. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business _____

MOTHER FATHER
12. Name **Dorsey Smith**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Dorothy ?**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Alta E. Leatherman**
(b) Address **3216 Magazine St.**

17. (a) **Burial** (b) Date thereof **8/2nd 39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Father Dickson**

18. (a) Signature of funeral director **Clem Jordan**
(b) Address **2805 Thomas St.**

19. (a) **AUG 1 1939** (b) **J. F. Bredebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3216 Magazine**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **27**
year **1939** hour **10** minute **35** a. m.
21. I hereby certify that I attended the deceased from **July 8, 1939**
to **July 27, 1939**, 19____, to **July 27, 1939**, 19____;
that I last saw him **im** alive on **July 27, 1939**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis** Duration **10-15 yr**
Due to **--**
Due to **--**

Other conditions **Hypertension; chronic nephritis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations **--**
Of autopsy **--**
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **H. J. Lyman** (M. D. or other) _____
Address **2601 Hubbard** Date signed **7/28/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U. S. G. P. 1 X1951

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No.
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2266

P. O. Address 812 Thomas

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 this body is not embalmed, above space should be left blank.