

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Annie Smith 530

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Jesse Smith 6. (c) Age of husband or wife if alive abt 50 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 43 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Hunterburg, Ind (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER
12. Name Annie Smith 1
13. Birthplace H. Miss 9 (City, town, or county) (State or foreign country)
14. Maiden name don't no
15. Birthplace don't no (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse Smith

(b) Address 2232 Clark

17. (a) Burial (b) Date thereof 11-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodsbury Burial

18. (a) Signature of funeral director L. Thomas

(b) Address 2774

19. (a) NOV 21 1939 (Date received local registrar) J.P. Badcock (Name of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2232 Clark Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11- day 5-
year 1939 hour 7:15 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from 10-27-, 19 39, 11-5-, 19 39
that I last saw her alive on 11-5-, 19 39
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration Unknown

Due to Uremia 131 4 days

Due to Chemical Dermatitis (Kerosene)
(Deceased had pains in Unknown
Other conditions: legs + rubbed them with
(Include pregnancy within 3 months of death)
Major findings: Of operations Kerosene causing a
slight ulceration.)

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) 11-6-1939
Address 2601 N. Whittier Date signed

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.

WHITE LABEL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I 11981

02666

02666

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

Signed Robert H. Powell
Licensed Embalmer No. 3402
P. O. Address 3100 Franklin

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.