DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 487

Registration District No. 701 Primary Registration District No. Registrar's No. 487

1. PLACE OF DEATH: 1003 FILED FEB 17 1940

(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: In Route to Hospital 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 530

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS 22 (If outside city or town limits, write "RURAL")

(d) Street No. 2111 PAPIN ST. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Willie Smith.

3. (b) If veteran, name war

3. (c) Social Security No. 498-05-2605

4. Sex MALE

5. Color or race Col

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VIOLA SMITH

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Mar. (Month) 4 (Day) 1902 (Year)

8. AGE: Years 37 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Vicksburg Miss (City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business LACLEDE - CHRISTY

FATHER
12. Name WYATT HUDLESTON
13. Birthplace OKLA. MISS. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY BROWN
15. Birthplace Vicksburg - Miss (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wy A Hudleston

(b) Address 2111 PAPIN ST.

17. (a) Father Dickson (Burial, cremation, or removal) (b) Date thereof 1-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director LOVE FUNERAL HOME

(b) Address 3103 WASHINGTON Blvd

19. (a) JAN 17 1940 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14 year 1940 hour 11 30 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 1-15-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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.