

Registration District No. 791

Primary Registration District No.

1003

Registrar's 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 9 days
(Specify whether years, months or days)
 In this community Unknown
(Specify whether years, months or days)

3. (a) PRINT FULL NAME 5-30 Martha Smith3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married,
divorced Married
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if
alive 44 years
 7. Birth date of deceased March 4 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 11 13 hr. min.9. Birthplace Pine Creek Ala
(City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business _____

12. Name Henry Swartz13. Birthplace Town Creek Ala
(City, town, or county) (State or foreign country)14. Maiden name Lizzie Jackson15. Birthplace Town Creek Ala
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John Smith(b) Address 119 4 1/2 Channing17. (a) Burial (b) Date thereof 2-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Grandwood Cem18. (a) Signature of funeral director J. F. Richards(b) Address 2625 Glasgow19. (a) FEB 23 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 18
(If outside city or town limits, write "RURAL")
 (d) Street No. 119 a South Channing
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1940 hour 1:40 minute _____ A. M.21. I hereby certify that I attended the deceased from
February 9, 1940, to February 17, 1940
that I last saw her alive on February 17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Prob. Tuberculous Meningitis Duration 10 days

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)Major findings: None
Of operations _____

Of autopsy _____

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)
Means of injury _____23. Signature Dean Smart (M. D. or other) _____Address 2601 N Whittier Date signed _____

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

W. B. Richardson

Licensed Embalmer No. *2928*

P. O. Address. *2625 Glasgow*

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.