

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town _____
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Massouri Pacific Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry Smith
3. (b) If veteran, name war no
3. (c) Social Security No. 702-12-5960

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Emma Smith 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Oct 19 1892
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Brownfield Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Section Hand

11. Industry or business Terminal R.R.

MOTHER FATHER
12. Name Jean Smith
13. Birthplace Brownfield Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Barrie Singleton
15. Birthplace Brownfield Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Smith
(b) Address Brooklyn Ill.

17. (a) Removal (b) Date thereof March 5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill.

18. (a) Signature of funeral director J. Marshall

(b) Address 2105 No Ave East St Louis Ill.

19. (a) MAR 5 1948
(Date received local registrar) (Registered person's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Sollair
(c) City or town Brooklyn NR
(If outside city or town limit write "RURAL")
(d) Street No. 512 Madison Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1948 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb 15
_____, 1948, to March 1, 1948
that I last saw him alive on March 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive heart disease
Chronic hypertrophy
Chronic nephritis
urina.
Due to _____
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury !

23. Signature G. M. [Signature] (M. D. or other)
Address Mo Pac Hosp - St Louis Date signed 3-5-48

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

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.