

MAY 15 1940
Registration District No. 791

Primary Registration District No.

1003

Registrar's No.

3320

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 27 hrs 40 min
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2931 Lucas
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Alexander Smith 530

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1940 hour 9:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from
April 8, 1940, to April 9, 1940
that I last saw him alive on April 9, 1940
and that death occurred on the date and hour stated above.

8. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Smith 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb 7 1898
(Month) (Day) (Year)

8. AGE: Years 63 Months 02 Days 02 If less than one day hr. min.

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

10. Usual occupation Labourer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace " "
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " "
(City, town, or county) (State or foreign country)

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

(b) Address 3124 La Salle

17. (a) Burial (b) Date thereof Apr 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Mo

18. (a) Signature of funeral director English and Co

(b) Address 2931 Lucas Ave

19. (a) APR 11 1940 (b) J. B. Butcher
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pancreas, Bladder--Carcinoma Abt 1 yr
urinary

Due to Primary site in Pancreas.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Of operations _____

Of autopsy Pancreas, Bladder--Carcinoma urinary

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 N.C. Sherry (M. D. or other) _____

Address 2601 N Whittier Date signed _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Finn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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