

JUN 15 1940

791

1003

Registration District No.

Primary Registration District No.

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 PHILLIP'S
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 (Specify whether _____)

3. (a) PRINT FULL NAME STEVE SMITH 5303. (b) If veteran, name war L 3. (c) Social Security No. L4. Sex MALE 5. Color or race COLO 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
abt 54 L L _____ hr. _____ min.9. Birthplace WASHINGTON CO. MD.
(City, town, or county) (State or foreign country)10. Usual occupation NONE

11. Industry or business _____

12. Name unknown13. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Beatrice Hanna(b) Address 2331 Olive St17. (a) _____ (b) Date thereof 5-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation GREENWOOD CEM18. (a) Signature of funeral director W. B. Buehler(b) Address 2907 Standard St19. (a) MAY 10 1940 (b) J. B. Beck
(Date received local registrar) (Registrar's signature)

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. 2331 Olive St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 9
year 1940 hour 9:00 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Left Femur Duration _____Fracture of Left FemurFracture of Left Femur

PHYSICIAN

Underline the name to which death should be charged statistically

Major findings of operations 1st Olive St apt 15-1940 above 1006Of autopsy Accidental

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental(b) Date of occurrence 5/15/40(c) Where did injury occur? Home
(City, town) (County) (State)(d) Did injury occur in or about home (on farm, in industrial plant, in public place)? Home
(Specify type of place)While at work? _____ (e) Means of injury FallSignature J. B. Beck (M. D. or other)Address Deputy Registrar

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.

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.