

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

26642

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6538

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: H G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
In this community 30 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Edward Smith 530

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased June 2, 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Unknown

12. Name Nick Smith

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

14. Maiden name Unknown

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

16. (a) Informant Florence A. Spotts  
(b) Address 2601 N Whittier

17. (c) (b) Date thereof 7-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. R. Ruten  
(b) Address 2502 Ruten

19. (a) AUG 2 1940 (b) J. F. Tolpelt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2815 Clark  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1940 hour 1:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 3, 1940, to July 11, 1940,  
that I last saw him alive on July 11, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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) (e) Means of injury \_\_\_\_\_

23. Signature Allen (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 7/16/40

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**