No. 2
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17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27093

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6885

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 14 days (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St Louis 121
(If outside city or town limits, write "RURAL")
(d) Street No. 2933 Thomas
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ed Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 9 5. Color or race Negro 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 5/2/1879 (Month) (Day) (Year)

8. AGE: Years 62. Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Dabbs
(b) Address 2933 Thomas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave

19. (a) AUG 25 1941 (Date received by local registrar) J. T. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1941 hour 5:05 minute P M.

21. I hereby certify that I attended the deceased from August 6, 1941, to August 20, 1941; that I last saw her alive on August 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease Prob	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) (e) Means of injury

23. Signature J. W. Johnson (M. D. or other) O
Address 2601 N Whittier Date signed 8-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 L. F. Watson

Licensed Embalmer No. 269 A

P. O. Address 276 E. Chase

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

If this body is not embalmed, fact should be so stated above.