

Registration District No. 791

Primary Registration District No.

Registrar's No. 8500

1. PLACE OF DEATH:

(a) County Mo  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer 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 28 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3948 West Belle Pl.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Thomas Smith

3. (b) If veteran, name war None

3. (c) Social Security No. 499-05-1911

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 24, 1941  
year \_\_\_\_\_ hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from October 15, 1941  
to October 24, 1941  
that I last saw him alive on October 24, 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sillie Smith  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased July 10<sup>th</sup> 1886  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach  
Duration unknown

8. AGE: Years 55 Months 3 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Palmello / Georgia  
(City, town, or county) (State or foreign country)

Due to HL

10. Usual occupation Laundry man

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

11. Industry or business None

Major findings: Of operations \_\_\_\_\_

12. Name Unknown

Of autopsy \_\_\_\_\_

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

14. Maiden name Unknown

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

16. (a) Informant Sillie Smith

(b) Address 3958-W-Belle Pl

17. (a) BURIAL (b) Date thereof Oct-28-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Manuel Undertaker

(b) Address 4059-Furney-Ave

19. (a) OCT 27 1941 (b) J. J. Brebeck  
(Date received local registrar) (Registrar's signature)

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)

Address 2607 N. Whittier Date signed 10-27-41

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

CO  
117  
9

RE

**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.....

*William C. McDowell*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*William C. McDowell*

Licensed Embalmer No. ....

*2114*

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, fact should be so stated above.**