

FILLED NOV 24 1941  
791

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether  
In this community 20yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 172-3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1617 South Second St. 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29,  
year 1941 hour 8:00 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from September  
19, 1941, to September 29, 41  
that I last saw him alive on September 29, 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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) \_\_\_\_\_ (f) Means of injury \_\_\_\_\_  
23. Signature W. Mulligan (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue, Date signed 10/17/41

3. (a) PRINT FULL NAME William Smith  
(b) If veteran, name war Unknown  
(c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
(b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased July 6, 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(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 Ann Morrison  
(b) Address St. Louis City Hospital #1.

17. (a) \_\_\_\_\_ (b) Date thereof 10-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Kelly  
(b) Address 3500 Rutledge

19. (a) SEP 20 1941 (b) J. T. Brundage  
(Registrar's name) (Registrar's signature)

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, fact should be so stated above.**