

FILED MAR 24 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 1986

1. PLACE OF DEATH:

(a) County _____
(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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
(Specify whether
In this community. 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 800
(c) City or town. St. Louis, (If outside city or town limits, write "RURAL.") 21 17
(d) Street No. 2705 Lucas (rear) (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Anna H. Smith

3. (b) If veteran, name war. None 3. (c) Social Security No. 489-12-2522

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 2 widow

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

7. Birth date of deceased. June 17 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 8 11 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name William Harris

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

14. Maiden name Caroline Bush

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

16. (a) Informant Larry Martin

(b) Address 2705 Lucas ave

17. (a) Burial (b) Date thereof 3/5/1942
(Burial, cremation, or removal) (City or town) (State) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Chas. Roberts

(b) Address 2035 Kansas ave

19. (a) MAR 3 - 1942 (Date received local registrar) J. T. Meuck (Registrar's signature)

20. DATE OF DEATH: Month March, day 1, year 1942 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from February 26, 1942, to March 1, 1942, that I last saw her alive on March 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia Diabetes Mellitus
Duration Unknown

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 J. W. Johnson (M. D. or other) _____

Address 2601 Whittier St. Date signed 3/2/42

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

10

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 *William Claude Gordon*

Licensed Embalmer No. *9489*

P. O. Address *2649 Delmar*

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.