S. No. 2
—1-4-41
. 5-17-39
P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4977

Registration District No. 7011 Primary Registration District No. 1003 Registrar's No. 1215

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: H omer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 26 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 912 N. 20th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Smith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased March (Month) 17 (Day) 1891 (Year)

8. AGE: Years 52 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business None

FATHER
12. Name Frank Smith
13. Birthplace Fredericktown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ella Anderson
15. Birthplace Fredericktown (City, town, or county) Mo (State or foreign country)

16. (a) Informant Frank Smith, (Father)
(b) Address 3952 - Fairfax Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Marnie Und. Co.
(b) Address 4059 - Finney Ave

19. (a) FEB 9 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5, year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1942, to February 5, 1942 that I last saw him alive on February 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lung Abscess, cause unknown — Unknown
Suspect Ca. of Stomach
Due to not verified
Due to
Other conditions (Include pregnancy within 3 months of death) 114 d
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)
Address 2601 Wheatley Date signed 2/7/42

(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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 217

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.