

FILED MAR 17 1942
Registration District No. **791**

Primary Registration District No. **1003**

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

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 Philips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 DAYS**
In this community **22 yrs**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **JOHN HENRY SMITH**
3. (b) If veteran, name war **NO** 3. (c) Social Security No.....

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

7. Birth date of deceased **18 SEPT 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABT 57 hr. min.

9. Birthplace **CLARKSVILLE MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**
11. Industry or business **JUNK YARD**
12. Name **Spencer SMITH**
13. Birthplace **MO**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA Towe**
15. Birthplace **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Doris Walker**
(b) Address **1309 N. 9th St**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 5-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**
18. (a) Signature of funeral director **J. L. Deal Undertaking Co**
(b) Address **2726 Lucas Ave**
19. (a) **FEB 27, 1942** (b) **J. F. Predeck**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County..... **000**
(c) City or town **St. Louis MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **1309 N. 9th St**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **26th**
year **1942** hour **8:00** minute **P.** M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Toxemia from bowel obstruction
Due to **adhesions**
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)
Means of injury..... **3**
23. Signature **Alfred Perry** (M. D. or other) **3/5/42**
Address..... Date signed.....

2-81

1921
4700
WA-L

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649^a Delmar Blvd

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.

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