S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9238 2572

Registration District No. 1942 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 14 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 17 22 9

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2328 Papin
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mamie Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Colored

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

6. (b) Name of husband or wife Mr. James Smith

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 26 (Day) 1897 (Year)

8. AGE: Years 44 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business NONE

FATHER
12. Name Henry Curren
13. Birthplace UNKNOWN (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Susie Isom
15. Birthplace UNKNOWN (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Chester Curren

(b) Address 3720 Finney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Bros. Fillmore

(b) Address 3704 Finney Avenue

19. (a) MAR 22 1942 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17, year 1942 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from March 3, 1942 to March 17, 1942 that I last saw her alive on March 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thyrotoxicosis	Unk.
Thyroid Heart Disease	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)

Address 2601 Whittier Date signed 3/18/42

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.