

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(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 2 months 1 day  
In this community 5 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3838a Finney  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Annie D. Smith

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. FEMALE 5. Color or race C. 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife. NONE 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased 8 (Month) 13 (Day) 1916 (Year)

8. AGE: Years 25 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation MAID

11. Industry or business

12. Name DAVE SMITH  
13. Birthplace Covington Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name DELLA LYEISS  
15. Birthplace Covington, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Smith  
(b) Address 4530 Evans

17. (a) BURIAL (b) Date thereof 5-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernie Love  
(b) Address 3103 Washington

19. (a) MAY 26 1942 (Date received local registrar) J. F. [unclear] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22, year 1942 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 21, 1942 to May 22, 1942; that I last saw her alive on May 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Pyelitis Non calculous 3 weeks

Due to 1942

Due to 1942

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?.....  
(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 0

23. Signature M. Sanders (M. D. or other) 0  
Address 2601 N. [unclear] Date signed 5/22/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00  
170  
9

#P

**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 Myself  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*William Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*2679 Belmont*

**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 an body is not embalmed, fact should be so stated above.**