

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9386**

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Senior Phelps Host O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community about 6 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANDERSON SMITH

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Mal 5. Color or race Cal 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. Nov (Month) 6 (Day) 1899 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>30</u>	hr. min.

9. Birthplace Warren County Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name Eugene Smith

13. Birthplace Warren Co. Miss
(City, town, or county) (State or foreign country)

14. Maiden name Glacie Watson

15. Birthplace Warren Co. Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Grabella Whitfield

(b) Address 2018 Carr St

17. (a) Burial (b) Date thereof 11-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wahyuta Park

18. (a) Signature of funeral director J. F. Budeck

(b) Address 2625 Delagor

19. (a) NOV 19 1942 (b) J. F. Budeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St Louis 021
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 Carr
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1942 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Abscess of right lung (pneumonitis)
Brain Bronchopneumonia

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?.....

While at work..... (Specify type of place) Means of injury.....

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

Address Delagor Date signed 11/7/42

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

MOTHER FATHER

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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.

3489

P. O. Address

2649 Pelmar 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.