

FILED JAN 13 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(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 2 days (Specify whether  
In this community 60 years  
years, months or days)

3. (a) PRINT FULL NAME Mary Clark

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased February 3, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation MI

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John A. Smith  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha James  
15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith  
(b) Address 2601 N. Whittier St.

17. (a) Anatomical Report (b) Date thereof 12-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Roberts  
(b) Address 3120 Roberts Ave

19. (a) DEC 20 1942 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

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. 1305 Clark  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6,  
year 1942 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from December 4, 1942 to December 6, 1942,  
that I last saw her alive on December 6, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with  
Decompensation  
Due to \_\_\_\_\_  
Duration Unknown

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 S. E. Smith (M. D. or other) \_\_\_\_\_  
Address 2601 Whittier Date signed 12/2/42

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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.....

Licensed Embalmer No.....

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.**