

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 25 1943 318

2514

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis Mo

(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 2 DAYS
(Specify whether years, months or days) 5 year

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
12
9 2 1/2

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

(d) Street No. 920 Biddle
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RICHARD SMITH

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1943 hour 3:05 minute P. M.

4. Sex MALE 5. Color or Race Col

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

6. (b) Name of husband or wife BESSIE SMITH

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MARCH 20 1874
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

69 68 11 28 hr. min.

Immediate cause of death: Lobar Pneumonia

Due to Empyema

Due to 118

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Philips County ARK
(City, town, or county) (State or foreign country)

10. Usual occupation COMMON LABORER

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES SMITH

13. Birthplace _____ ARK
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace ARK Julie Vincent ARK
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant ROBERTA JONES

(b) Address 1021-N-21st ST

17. (a) BUTRIAL (b) Date thereof MAR 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FATHER DICKSON BEM

18. (a) Signature of funeral director W. P. Bul United

(b) Address 2726 Lucy Ave.

19. (a) MAR 16 1943 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

23. Signature Alfred J. Perry (M. D. or other) _____

Address Alfred J. Perry Date signed 3/16/43

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

490

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. 4219th E Garfield

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.