

APR 28 1943

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Primary Registration District No. 1003

Registrar's No. 2624

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 3 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2913 Thomas (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clem Smith Sr
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14,
year 1943 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from February
11, 1943, to April 14, 1943
that I last saw h im alive on April 14, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Cauc 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blouma 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March 15th 1900
(Month) (Day) (Year)

Immediate cause of death Chr. Pyonephritis - non-calculous
Duration Unk.

8. AGE: Years 43 Months 0 Days 29 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 122a

9. Birthplace St Louis (City, town, or county) mo (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Labor
11. Industry or business _____
12. Name John Smith
13. Birthplace unk (City, town, or county) mo (State or foreign country)
14. Maiden name Victoria Hill
15. Birthplace Amerus Ga (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hogue Smith
(b) Address 3073 Kutler Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

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? _____

18. (a) Signature of funeral director J. F. Bradock
(b) Address 3133 Bell Ave
19. (a) APR 9 1943 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature A. K. Fleet (M. D. or other) _____
Address 2601 Whittier Date signed 4/16/43

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

MOTHER FATHER

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 *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.