

JUN 4 1943 31
Registration District No.

Primary Registration District No. 1003

Registrar's No. 4642

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

1. PLACE OF DEATH:

(a) County
(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 Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs
years, months or days)

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. 2617 N Leffingwell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM FAULK SMITH

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

4. Sex MALE 5. Color or Race Col 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JENNIE SMITH 6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNK
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABT 59 hr. min.

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

10. Usual occupation Fuel Dealer

11. Industry or business COAL PICE.

12. Name UNK

13. Birthplace (City, town, or county) (State or foreign country) UNK /

14. Maiden name UNK

15. Birthplace (City, town, or county) (State or foreign country) UNK /

16. (a) Informant GRACE GIBSON

(b) Address 3137 WACLEDE

17. (a) BURIAL (b) Date thereof 5-20-43
(Burial, cremation, or removal) WASHINGT. POW. HOSP

(c) Place: burial or cremation FATHER DICKERSON

18. (a) Signature of funeral director A.L. BEAL UNDERHARNE & CO

(b) Address 2726 LUCAS AVE

19. (a) MAY 1 1943 (Date received local registrar) J. J. Buddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1943 hour 9:55 minute A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Apoplexy

Due to.....
Stroke

Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

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) (a) Means of injury.....
23. Signature Thomas F Callahan (D. or other)
Address Deputy Coroner Date signed 5-19-43

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. Heilliard

Licensed Embalmer No. 4228

P. O. Address 4219² E. Gayfield

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.