

3. No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20041

State File No. ....

FILED JUN 25 1943 18

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 5513

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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 G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mos., 2 days  
In this community 3 mos., 2 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 1/2 So. 23rd Street  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 9

3. (a) PRINT FULL NAME Baby Smith

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

4. Sex Female 3 5. Color or race Col  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 3 10 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 2 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business  
12. Name Willie Smith

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

14. Maiden name Levetta Pitts  
15. Birthplace Helena Ark /  
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Smith  
(b) Address 210 1/2 A South 23rd St

17. (a) Burial (b) Date thereof 6-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JUN 18 1943 (b) J. R. B...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12, year 1943 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from March 10, 1943 to June 12, 1943;

that I last saw her alive on June 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tuberculosis (Autopsy) 3 mos.  
Lungs affected

Due to 12th

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature E. L. Beckman M. D. Address 2601 Shattuck Date signed 6/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L Boyer  
....., Registered Apprentice No. my  
working under my personal supervision.

Signed

Lorrie Boyer

Licensed Embalmer No.

2946

P. O. Address

St Louis mo

**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.**