S. No. 2
M—9-4-41
5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20042

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5713

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 5 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1721
(If outside city or town limits, write "RURAL")

(d) Street No. 2320-a Carr St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clarence Edward Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) 17 (Day) 43 (Year)

8. AGE: Years 1 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

FATHER 13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name Garneygreen Smith

MOTHER 15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Esther Mae Sheard, Rel

(b) Address 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUN 2 1 1943 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ CITY CEMETERY

18. (a) Signature of funeral director H. Meisehemer

(b) Address Lady Negro Dept

19. (a) JUN 22 1943 (Date received local registrar) (b) J. F. Bilbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 6 minute 05 p M.

21. I hereby certify that I attended the deceased from 3-17, 1943, to 5-22, 1943 that I last saw him alive on 5-25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration
Lt. Elbow, Chronic Soft
Tissue Inflammation
Due to Unknown
Due to Unknown 107
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

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 E. R. Duckworth (M. D. or other)

Address 2601 N. Whittier St. Date signed 6-22-43

(Licensed Embalmer's Statement on Reverse Side)

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.