

S. No. 2
1-94-41
5-17-39
I X296

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20050

State File No.

Registrar's No. 5716

Primary Registration District No. 1003

REGISTRATION DISTRICT NO. 318
FILED JUL 3 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
000
19
9

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Homer G. Phillips Hospital 0**
(d) Length of stay: **13 Days**
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis, 1791**
(d) Street No..... **3136 Lawton 7**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Ronald O'Neil Smith**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **9**
year **1943** hour **2** minute **15p** M.
21. I hereby certify that I attended the deceased from **5-26**
1943 to **6-9-1943**
that I last saw him **11** alive on **6-9-1943**
and that death occurred on the date and hour stated above.

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. **May 26 1943**
(Month) (Day) (Year)

Immediate cause of death..... **Prematurity**
Due to..... **Unknown**
Due to..... **Unknown**
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name **Fredrick O'Neil Smith**
13. Birthplace **St. Louis, Missouri 0**
14. Maiden name **Marion Sanford**
15. Birthplace **St. Louis, Missouri 0**

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) (e) Means of injury.....

16. (a) Informant **Father M. Sherrard, R.R.D.**
(b) Address **2601 N. Whittier**
17. (a) **Burial** (b) Date thereof. **JUN 24 1943**
(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **H. Merschman**
(b) Address **City Health Dept**
19. (a) **JUN 23 1943** (b) **J.F. Bond**
(Date received local registrar's) (Registrar's signature)

23. Signature **E.K. Dickson 0** (M. D. or other)
Address **2601 N. Whittier** 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.