

FILED JUN 19 1943

Registration District No. **313**

Primary Registration District No. **1003**

Registrar's No. **5410**

1. PLACE OF DEATH:

(a) County _____
(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 4 days
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0021
(c) City or town St. Louis, Bell
(If outside city or town limits, write "RURAL")
(d) Street No. 3032 Bell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 22 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Barman

11. Industry or business _____

MOTHER FATHER
12. Name Carl Smith
13. Birthplace Ark (City, town, or county) (State or foreign country)
14. Maiden name Ada Wilson
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Magnolia Cleburn

(b) Address 4353 Kennedy Ave

17. (a) Burial (b) Date thereof 6-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English and Co

(b) Address 2931 Edgar Ave

19. (a) JUN 1 1943 (b) J. F. Buresh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 6, 1943 to June 10, 1943; that I last saw him in alive on June 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature J. F. Buresh (M. D. or other) _____
Address 2601 Whittier Date signed 6/10/43

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

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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 Burlison English
Licensed Embalmer No. 4208
P. O. Address 2931 Green ave

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.