

U. S. No. 2
FORM-2-43
Rev. 5-17-39
U. S. X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27084
Registrar's No. 2758

REG. DISTRICT NO. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County *****

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

(c) Name of hospital or institution:
St. Louis' Children's Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hrs.
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 176

(c) City or town Saint Louis 926
(If outside city or town limits, write "RURAL")

(d) Street No. 1017 @ Cass Ave.
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME SMITH, ANDREW EUGENE

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28
year 43 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-27
1943 to 8-28 1943
that I last saw h.i.m. alive on 8-28 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Negro 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 July 12 1943
(Month) (Day) (Year)

Immediate cause of death Malaria
Ex Meningitis kind of
Epidemic Type

Duration 4 years
late

Due to -----

Due to -----

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

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

--- 1 16 hr. min.

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

Major findings:
Of operations -----

Of autopsy -----

PHYSICIAN -----
Underline the cause to which death should be charged statistically.

10. Usual occupation None

11. Industry or business ---

MOTHER FATHER { 12. Name Carter Williams

{ 13. Birthplace Saint Louis Mo. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mercedes Smith

{ 15. Birthplace Saint Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mercedes Smith

(b) Address 1017a Cass Ave.

17. (a) Burial (b) Date thereof 8/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) AUG 30 1943 J. P. Bradley
(Date received local registrar's report) (Registrar's signature)

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 R. O. Bluffin (M. D. or other) 0

Address 500 Dr. Kiplinger Date signed -----

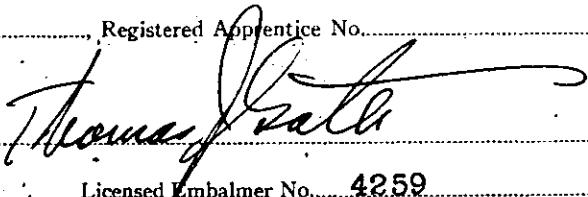
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No. **4259**

P. O. Address **4107 Finney 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.