

FILED OCT 13 1943 318

Registration District No. _____

Primary Registration District No. **1002**

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 21 days
 In this community 50 years
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
21 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2323 Market
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Harry Smith

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

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 March 14, 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 29 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Nil

12. Name Hannis Smith

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

14. Maiden name Unknown

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

16. (a) Informant Shirley Smith
 (b) Address 2601 W. 11th St.

17. (a) Place of burial or cremation Washington
 (Burial, cremation, or removal) (b) Date thereof 9/16/43
 (Month) (Day) (Year)

18. (a) Signature of funeral director W. J. ...
 (b) Address 3500 Rutger

19. (a) SEP 30 1943
 (Date received in this office) (b) J. J. ...
 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13,
 year 1943 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from August
23, 1943 to September 13, 1943
 that I last saw him alive on September 13, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Senility
 Duration Unk.
Unk.

Due to _____
 Due to _____

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?

23. Signature J. J. ... (Specify type of place) (e) Means of injury _____
 Address 2601 W. 11th St. Date signed 9/15/43

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

MOTHER FATHER

8630

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.