

FILED SEP 28 1943
318

Registration District No. _____

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 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 2 days **0**
(Specify whether Life)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1309 N. 9th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **U**

If yes, name country _____

3. (a) PRINT FULL NAME Ralph 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. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22 41
(Month) (Day) (Year)

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

2 6 25 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Ernest Walker

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

14. Maiden name Callie Smith

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

16. (a) Informant Callie Smith

(b) Address 1309 N. 9th

17. (a) Burial (b) Date thereof Sept. 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: bur. or cremation Greenwood

18. (a) Signature of funeral director Philip [unclear]

(b) Address 2931 [unclear]

19. (a) SEP 26 1943
(Date received local registrar)

[Signature]
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1943 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from September 14, 1943 to September 16, 1943
that I last saw him alive on September 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of the Anterior Cerebral Artery

Duration 6 weeks

Due to _____

Due to 96

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 R. Merry (M. D. or other)

Address 2601 Webster Date signed 9/28/43

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 *Richard E. English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Sess 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.