

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **9572**

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 **1 mo. 1 day**
 In this community **20 years**
 years, months or days) (Specify whether)

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. **2619 Cole**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **26,**
 year **1943** hour **2** minute **25 P.** M.
 21. I hereby certify that I attended the deceased from **September**
25, 19**43**, to **October 26,** 19**43**
 that I last saw him alive on **October 26,** 19**43**;
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Melvin Smith** 6. (c) Age of husband or wife if alive **41** years
 7. Birth date of deceased **6 12 1903**
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of Inguinal region with metastasis**
 Duration **Indef.**
 Due to.....
 Due to.....

8. AGE: Years **40** Months **4** Days **14** If less than one day
 hr. min.

9. Birthplace **atlanta Ga. 1**
 (City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business
 12. Name **improva**
 13. Birthplace **missouri** (City, town, or county) (State or foreign country)
 14. Maiden name **Wynona**
 15. Birthplace **missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Melvin Smith**
 (b) Address **2619 Cole St**

17. (a) (Burial, cremation, or removal) **Greenwood Cem** (b) Date thereof **10 30 43**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Louis, Mo**

18. (a) Signature of funeral director **W. H. Walton**
 (b) Address **21707 Stoddard St**

19. (a) **NOV 1 1943** (b) **J. J. Conner**
 (Date received local registrar's report) (Registrar's signature)

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?

While at work? (Specify type of place) (In) Means of injury.....
 23. Signature **A. K. Fleet** (M. D. or other)
 Address **2601 Whittier** Date signed **10/27/43**

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

MOTHER FATHER

9577
1296

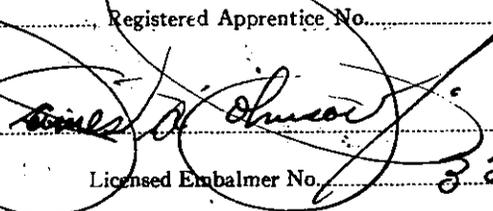
1296

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. 3522 -

..... 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.