

FILED DEC 3 1943  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10212**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(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 mos, 15 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009  
12  
9 25  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1430a N. 15th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mable Smith

3. (b) If veteran, NO name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race 3 NEGRO 6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4 10 1896  
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12. Name Henny Adams

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

14. Maiden name Sophie Jones

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant John Beckett

(b) Address 1430a N. 15th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 22 43  
(Month) (Day) (Year)

(c) Place: burial or cremation OAK Dale

18. (a) Signature of funeral director Chas. B. Binkley

(b) Address 2834 S. Gamble

19. (a) NOV 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16, year 1943 hour 5 minute 15 A. . M.

21. I hereby certify that I attended the deceased from September 1, 1943 to November 16, 1943; that I last saw her alive on November 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension  
Left Hemiplegia

Duration Unk.  
10 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions JA  
(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. E. Smith (M. D. optional)

Address 2601 W. 11th Date signed 4/18/43

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

MOYER FATHER

**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 Chas. L. Howells

Licensed Embalmer No. 2452

P. O. Address 2834 Hamble

**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.**