

FILED FEB 27 1944
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 18 days
(Specify whether years, months or days)
 In this community 40 years

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. 4478 West Belle
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Smith
 3. (b) If veteran, name war ***
 3. (c) Social Security No. 497-07-5171

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bessie Smith 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased July 4, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 6
If less than one day
 -- hr. -- min.

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER
 12. Name John Smith
 13. Birthplace Unavailable
(City, town, or county) (State or foreign country)
 14. Maiden name Unavailable
 15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Smith
 (b) Address 4478 West Belle Place

17. (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Charles J. Gates
 (b) Address 4107 Finney Avenue

19. (a) JAN 11 1944 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10,
 year 1944 hour 4 minute 12 A. M.

21. I hereby certify that I attended the deceased from December 23, 1943, to January 10, 1944,
 that I last saw him alive on January 10, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Cardiac Hypertrophy
 Duration Terminal
Unk.

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) 95

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 S. E. Smith (M. D.) _____
 Address 2601 Whittier Date signed 1/11/44

STATEMENT BY LICENSED EMBALMER

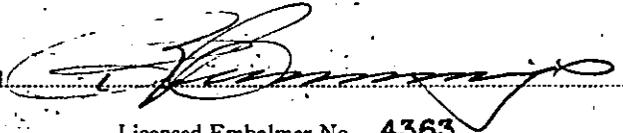
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert Lee Cummings

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 4363

P. O. Address 4107 Finney Avenue

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.