

FILED APR 13 1944 8

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 2009

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 9 days  
Life (Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3947 Chouteau  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME William 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 Oct. 19 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 5 10 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Public Service Co.

12. Name Recks Smith

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Almira Stevenson

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Smith

(b) Address 3947 Chouteau Ave

17. (a) Burial (b) Date thereof April 3 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Untd. Co.

(b) Address 2732 Pine Street

19. (a) APR 3 1944 (b) J. E. Brewer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29,  
year 1944 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 20, 1944, to March 29, 1944  
that I last saw him alive on March 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Hypertensive Cardio-Vascular Disease  
with congestive failure

Duration  
Unk.

Due to .....  
Due to .....

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) Means of injury 0

23. Signature J. E. Brewer (M. D. or other)  
Address 2601 Whittier Date signed 3/22/44

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

MOTHER 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

*Jack Russell*

Licensed Embalmer No. *4112*

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.**