

FILED APR 20 1944

1003

State File No.

3425

Registration District No.

318

Primary Registration District No.

Registrar's No.

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:  
2131 Spruce  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2131 Spruce  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Elmer 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 MARRIED

6. (b) Name of husband or wife Anna Lee Smith

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased MAY 1 1889  
(Month) (Day) (Year)

8. AGE:

Years 54 Months 11 Days 16

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Wright  
(City, town, or county)

Tenn  
(State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER  
12. Name Birk Smith  
13. Birthplace Wright Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Smith  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Lee Smith  
(b) Address 2131 Spruce  
17. (a) \_\_\_\_\_ (b) Date thereof 4/13/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English and Co  
(b) Address 2931 Ludlow Ave

19. (a) APR 13 1944 (b) J. S. Prebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1944 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Coronary Atherosclerosis  
Due to \_\_\_\_\_  
Due to 94  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature Alfred J. Perry (M. D. or other)  
Address \_\_\_\_\_ Date signed 9/13/44

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

30  
1

**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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas 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.**