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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6237

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1115 A. Biddle Street /
(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: 000

(a) State Missouri (b) County 17 25

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1115 A. Biddle St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Smith

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 14, (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	8	23	hr. min.

9. Birthplace Jackson (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Willie Smith
13. Birthplace Unknow (City, town, or county) Unknow 9 (State or foreign country)

MOTHER
14. Maiden name Sears ?
15. Birthplace Unknow (City, town, or county) Unknow 9 (State or foreign country)

16. (a) Informant Mattie Mae Harris
(b) Address 1733 Lucas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.

19. (a) JUL 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1944 hour 11 minute 35 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 External Hemorrhage Stabwound of neck and Jugular Vein (Left Side) Inflicted with Knife — Duration
Due to in the hands of one Josephine Jackson Col in the home at
Due to 1115 Biddle St around July 7-44 — 11:30 Pm
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

167

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) Homicide
(b) Date of occurrence 7-7-44
(c) Where did injury occur? St Louis (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature James J. F. [illegible] (M. D. or other)
Address 1306 [illegible] Date signed 7/13/44

(Licensed Embalmer's Statement on Reverse Side)

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 W Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Aldine

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.