

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39809

State File No.

FILED DEC 27 1944

Registration District No. 398

Primary Registration District No. 1003

Registrar's No. 10759

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
(Specify whether)
 In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County MO
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4011 St. Ferdinand Ave. 11
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country NO

3. (a) PRINT FULL NAME William Smith
 3. (b) If veteran, name war NO
 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lillie Smith
 6. (c) Age of husband or wife if alive 1890 years
 7. Birth date of deceased Aug. 9 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 8 hr. min.

9. Birthplace Chotard Landing, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Byrom Smith.
 13. Birthplace Richmond, Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Gates
 15. Birthplace Meridian, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Smith
 (b) Address 4011 St. Ferdinand Ave
 17. (a) Burial (b) Date thereof Dec. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Russell Undt. Co.
 (b) Address 2732 Pine Street

19. (a) DEC 18 1944 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14,
 year 1944 hour 2 minute 15 A. M.
 21. I hereby certify that I attended the deceased from November
19, 19 44 to December 14, 19 44;
 that I last saw him alive on December 14, 19 44;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia (Autopsy)
Myocardial Infarct (autopsy)

Duration
Terminal
Unk.

Due to
 Due to
 Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy
 PHYSICIAN

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?
(Specify type of place)
 While at work? (e) Means of injury NO

23. Signature Alva Moore (M.D. or other) 12/14/44
 Address 2601 N. Whittier Date signed 12/14/44

(Licensed Embalmer's Statement on Reverse Side)

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

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

Jaal 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.