

FILED JAN 31 1945

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **746**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Hrs. 25 Mins
(Specify whether)

In this community
years, months or days

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. 2750 Clark Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Smith

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male Color or race Negro

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

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

7. Birth date of deceased. 1 12 45
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	At less than one day
		<u>1</u>	<u>37</u> hr. <u>25</u> min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name George Smith

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

14. Maiden name Laura Ransom

15. Birthplace Iowa City Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mary T. Duwall

(b) Address 2601 N. Whittier Street

17. (a)..... (b) Date thereof. JAN 25 1945
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Y. B. Hudson

(b) Address City Health Dept

19. (a) JAN 21 1945 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 45 hour 4 minute 50 p.M.

21. I hereby certify that I attended the deceased from 1 - 12
19 45 to 1 - 13, 19 45
that I last saw h. im alive on 1 - 13, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration.....

Due to Unknown

Due to Unknown

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)
(e) Means of injury.....

23. Signature William D. Siskler (M. D. or other) 1-20-45
Address 2601 N. Whittier St. Date signed.....

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.....

Licensed Embalmer No.....

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.