V. S. No. 2
00M—5-43
ev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4841

FILED FEB 16 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 870

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

1. PLACE OF DEATH:

(a) County
(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 Homer Phillips O
(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 Mo (b) County 006 17 11
(c) City or town St Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2917 Dayton, St
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 9

5. Color or race Negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Annie Smith

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb 17, 1884 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Unk. 9 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Unk (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Sallie
15. Birthplace Unk (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Annie Smith
(b) Address 2917 Dayton, St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas, Ave

19. (a) JAN 29 1945 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1945 hour 12 minute 45 A. 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 Chronic Myocarditis
Chronic Interstitial Nephritis
Due to
Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Date signed 1/29/45

(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 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.