

FILED APR 13 1945

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2748

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

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: St. Mary's Infirmary
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 47 hours
(Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED: 006

(a) State MO (b) County 19

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

(d) Street No. 4353 Westminster
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Charlie 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 Single

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

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

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: 64 64
Years Months Days If less than one day
hr. min.

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

10. Usual occupation HOUSEMAN

11. Industry or business PRIVATE HOME

MOTHER FATHER

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Cain

(b) Address 4353 W. Westminster

17. (a) buried (b) Date thereof 3/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director R. Hornsby

(b) Address 290 8th Ave

19. (a) MAR 27 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1945 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-21-45
19... to 3-23 19...
that I last saw him alive on 3-23-45
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease

Duration ?

Due to.....

Due to.....

Other conditions Ulcers of leg
(Include pregnancy within 3 months of death) (Arteriosclerotic)

2 yr.

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?
(Specify type of place)

While at work?..... Means of injury.....

23. Signature C. L. Marshall (M. D. or other) MD.
Address 1536 Papin St. Date signed 3/26/45

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 James A. Lammers

Licensed Embalmer No. 4192

P. O. Address St. Louis

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.