

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26149**  
6999  
Registrar's No.

**FILED** AUG 24 1945  
Registration District No. **318**

Primary Registration District No. **1003**

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.  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(d) Length of stay: 5 yrs.  
In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis (d) Street No. 2125 Eugenia St  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Charles Smith  
(b) If veteran, name war No.  
(c) Social Security No. 488-28-5944

20. DATE OF DEATH: Month Aug day 4  
year 1945 hour 11:55 minute 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.

4. Sex Male 5. Color or race negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Smith  
6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased: 7- 4- 1893  
(Month) (Day) (Year)

Immediate cause of death: Acute Generalized Peritonitis  
Contrib: Perforated Gastric  
Due to Ulcer

8. AGE: Years 52 Months 1 Day 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

9. Birthplace Wisner Louisiana  
10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
12. Name Alex Smith  
13. Birthplace Louisiana  
14. Maiden name Mattie L. Ellsward  
15. Birthplace Louisiana

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Mattie L. Ellis  
(b) Address Lake Providence La.  
(c) Place: burial or cremation Wisner Louisiana  
(d) Date thereof 8-11-45  
(e) Date of death Aug 4 1945

23. Signature Steven E. Finney  
Address \_\_\_\_\_ Date signed 8/14/45

18. (a) Signature of funeral director Manuel  
(b) Address 4059 Finney  
19. (a) AUG 9 1945  
(b) J. F. Breuck

*Separate Cert filed*

**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.**