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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26151

FILED AUG 24 1945 318

State File No. 7173

Registration District No.

Primary Registration District No. 1005

Registrar's No.

1. PLACE OF DEATH:

(a) County

(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 G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 hrs. 59 minutes (Specify whether
In this community 21 hours, 59 minutes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17 22
(If outside city or town limits, write "RURAL")

(d) Street No. 210 So. 23rd 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eugene Smith Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 9, 1945 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 21 hr. 59 min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Eugene Smith
13. Birthplace Malbern Ark. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Jackson
15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address Homer G. Phillips Hospital

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

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So. Jefferson

19. (a) AUG 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10, year 1945 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from August 9, 1945 to August 10, 1945; that I last saw him alive on August 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Atelectasis	Life
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

a

161

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? (e) Means of injury 0

23. Signature W. H. Sinkler (M. D. or other)

Address 260 N. Whittier Date signed 8/16/45

(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

myself, Registered Apprentice No.

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2266

P. O. Address 2812, Hromas, St.

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.