

V. S. No. 2  
00M-5-43  
Rev. 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. 7954

FILED MAR 1 1946  
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1716

1. PLACE OF DEATH:

(a) County St. Louis  
(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 45 days  
(Specify whether  
In this community 10 yrs  
years, months or days)

3. (a) PRINT FULL NAME Homer Smith

3. (b) If veteran, name war 720  
3. (c) Social Security No. 429-03-8986

4. Sex Male 2  
5. Color or race Bel  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Ann Smith  
6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct 20 1903  
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 22  
If less than one day hr. min.

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

10. Usual occupation Lumber Header

11. Industry or business Buckler Lumber Co

MOTHER FATHER

12. Name Cassie Howard Smith

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

14. Maiden name Martha M. Fuller

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

16. (a) Informant Martha ANN Smith

(b) Address 4361 W. Belle

17. (a) Removal (b) Date thereof 2-22-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balak Arkansas

18. (a) Signature of funeral director John J. Houston

(b) Address 28 3rd Sample Street

19. (a) FEB 20 1946 (b) J. J. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4361 W Belle 119  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17  
1946 year 1946 hour 2 minute xx P.M.

21. I hereby certify that I attended the deceased from 1-2-1946 to 2-17-1946  
that I last saw him alive on 2-17-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bilateral Lobar Pneumonia  
Bilateral Pleural Effusion  
Due to

Due to 108  
Other conditions Atelectasis, left  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy Yes  
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? Means of injury  
23. Signature Owen J. Ayer (M. D. or other)  
Address 7601 N. Webster Date signed 2/19/46

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

6304

**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: .....

*Chas. L. Howell*

Licensed Embalmer No. ....

*2452*

P. O. Address: .....

*2834 Hamble*

**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.**