

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

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 **11 days**
In this community **11 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **WILLIAM 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 **Married**
6. (b) Name of husband or wife **Lillian Smith** 6. (c) Age of husband or wife if alive **1912** years

7. Birth date of deceased: **Unk** **Unk** **1912**
(Month) (Day) (Year)

8. AGE - **34** Years Months Days If less than one day
elt hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Not obtained**
13. Birthplace " " **91**
(City, town, or county) (State or foreign country)
14. Maiden name **Not obtained**
15. Birthplace " " **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Hardiman**

(b) Address **2601 N Whittier St**

17. (a) **Autonomous Board** (b) Date thereof **5-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington D.C.**

18. (a) Signature of funeral director **W. R. Richter**

(b) Address **2601 N Whittier St**

19. (a) **MAY 28 1946** (Date received local registrar)
J. J. Mendenhall (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3128 Laclede Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1946** hour **3** minute **35** M.

21. I hereby certify that I attended the deceased from **April 22**, 19**46** to **May 3**, 19**46**;
that I last saw him alive on **May 3**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Hypertension**
Duration **Unk**

Due to _____

Due to **102**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **No**

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? (c) Means of injury _____

23. Signature **E. B. Williams** (M. D. or other) _____

Address **2601 N Whittier St** Date signed **5/6/46**

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.