

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35613  
State File No.  
Registrar's No. 8926

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(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 Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community.....  
years, months or days)

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. 1450 Jefferson St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) U  
If yes, name country.....

3. (a) PRINT FULL NAME Will Smith  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 18  
year 1946 hour 4 minute 10 M.  
21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....  
that I last saw h..... alive on.....  
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 Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased October 3 1885  
(Month) (Day) (Year)

Immediate cause of death.....  
Due to Arterio Sclerosis  
Acute Coronary  
Cholelithiasis-calculi  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
61 0 8 hr. min.

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace unknown 4  
(City, town, or county) (State or foreign country)  
10. Usual occupation labor

22. If death was due to external causes, fill in the following:  
(c) 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?  
WOM  
While at work (Specify type of place) (e) Means of injury.....  
23. Signature J. F. Brudick (M. D. or other)  
Address..... Date signed 10/2/46

11. Industry or business.....  
12. Name unknown  
13. Birthplace unknown 4  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Barber  
(b) Address 2002 Cole st  
17. (a) Burial (b) Date thereof 10/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts  
(b) Address 1416 No. Taylor ave  
19. (a) OCT 15 1946 (Date received local registrar)  
J. F. Brudick (Registrar's signature)

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

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**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 *Fulton G. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13. Mo.*

**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.