No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22658

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3214

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

(d) Length of stay: In hospital or institution 3½ hrs. (Specify whether

In this community
years, months or days)

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. 2522 N. Garrison 9
(If rural, give location) 0

20

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

If yes, name country

3. (a) PRINT FULL NAME Leroy Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) 2 (Day) 47 (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 30 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Horace Smith
13. Birthplace Helena (City, town, or county) Arkansas (State or foreign country) 1

MOTHER
14. Maiden name Chrysantha Brown
15. Birthplace Troy (City, town, or county) Tennessee (State or foreign country) 1

16. (a) Informant Esther M. Sherard R.R.L.
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 6-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Ribbon
(b) Address 3530 Ritz Blvd

19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 1947 hour 7:00 P.M. minute M.

21. I hereby certify that I attended the deceased from 3:30 P.M. 6-2- 1947 to 7:00 P.M. 1947 that I last saw him alive on 6-2- 1947 and that death occurred on the date and hour stated above.

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

159

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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

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

Address 2601 N. Whittier Date signed 6-4-47

Jefferson City Printing Co.

(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.....

....., 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.