. S. No. 2
JM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26076

FILED JUL 26 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6887

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

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 Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 54 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 25 1500 Gay (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Lawrence Smith

3. (b) If veteran, name war --

3. (c) Social Security No.

4. Sex Male 2

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 Unknown years

7. Birth date of deceased July 30, (Month) (Day) 1887 (Year)

8. AGE: Years 50 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business --

FATHER
12. Name George Smith
13. Birthplace Unk (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Rena Bell
15. Birthplace Unk (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant S Jenkins

(b) Address Homer G Phillips Hospital

Burial ~~Anatomical Board~~ (Burial, cremation, or removal) (b) Date thereof 7-23-47 (Month) (Day) (Year)

(c) Place burial or cremation Greenwood Cem Washington

18. (a) Signature of funeral director C.W. Roberts W R Phillips

(b) Address 2416 N Taylor Washington St

JUL 26 1947

19. (a) (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 13 day 1947

year hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 2, 1947, to July 13, 1947; that I last saw him alive on July 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far-Advanced Pulmonary Tuberculosis	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 0

23. Signature O. L. Daniels (M. D. [redacted])

Address 2601 N Whittier Date signed 7-16-47

Jefferson City Printing Co. (Licensed Embalmer's Registration Reverse Side)

Reclaimed from Anatomical Board 7-21-1947

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.