V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26078
Registrar's No. 6793

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 G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community ~~Wk~~ 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ABO
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 21 3141 Bell 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 2
5. Color or race Eul
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 4th (Month) 1871 (Day) (Year)

8. AGE: Years 76 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Richmond (City, town, or county) Va (State or foreign country) 1
10. Usual occupation nil
11. Industry or business
FATHER
12. Name Shepard Smith
13. Birthplace Richmond (City, town, or county) Va (State or foreign country) 1
MOTHER
14. Maiden name Mary Royester
15. Birthplace Richmond (City, town, or county) Va (State or foreign country) 1
16. (a) Informant Lasy Paul Smith
(b) Address 3141 Bell ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bell ave
19. (a) JUL 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1947 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from July 9, 1947, to July 18, 1947;
that I last saw him alive on July 18, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Hemorrhage	Unk
Benign Hypertrophy of Prostate	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. Daniel (M. D. [redacted])
Address 2601 N Whittier St Date signed 7-18-47

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Choutean

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.