

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
FILED SEP 8 1947
Federal Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29539
Registrar's No. 8361

Registration District No. 318 Primary Registration District No.

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..... **15 days**
(Specify whether
In this community..... **about 20 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County..... **gas**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No..... **1915 Franklin** **9**
21 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME..... **Lugene Smith**
3. (b) If veteran, name war.....
3. (c) Social Security No. **487-26-2112**

4. Sex..... **Male** **3** Color or race..... **Cal**
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..... **Feb 3 1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 6 28 hr. min.

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

10. Usual occupation..... **auto repair**

11. Industry or business.....
12. Name..... **Elmer Smith**
13. Birthplace..... **Not known** **Georgia**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Marguerite** **Not known**
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mattie Reed**
(b) Address..... **1915 A Franklin**

17. (a)..... **Burial** (b) Date thereof..... **9-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Greenwood**

18. (a) Signature of funeral director..... **J.P. Richardson**
(b) Address..... **2625 S. Grand**

19. (a)..... **SEP 2 1947** (b)..... **J. F. Bredeek**
(Date received local health officer's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **31**
year..... **1947** hour..... **10** minute..... **5** A. M.

21. I hereby certify that I attended the deceased from.....
Aug. 16 19**47**, to **Aug. 31** 19**47**
that I last saw b..... **aw** alive on **August 31** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Exfoliative Dermatitis**

Due to..... **153**
Due to.....

Other conditions..... **Jaundice**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **Yes**

Duration
Undet.
PHYSICIAN
Underline the cause of 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..... **Richard L. Daniels** (M. D. or other)
Address..... **2601 N Whittier St** Date signed..... **9/2/47**

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

MOTHER FATHER

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

J. D. Richardson

Licensed Embalmer No.

2928

P. O. Address

city

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.