

National Office of Vital Statistics  
**FILED FEB 20 1948**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1181**

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 C. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Hurtis Smith**  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **Josephine Smith** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **July 15, 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65 6 17** hr. / min.

9. Birthplace **Henderson, Ky.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Butler**

11. Industry or business.....

12. Name **George Smith**  
13. Birthplace **Clarksville, Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mattie Manley**  
15. Birthplace **Clarksville, Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Orlean Blakes**  
(b) Address **4573 Garfield**

17. (a) **Burial** (b) Date thereof **2/7/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Peter's Cem.**

18. (a) Signature of funeral director **Russell Und., Co.**  
(b) Address **2732 Pine Street**

19. (a) **FEB 4 1948** (b) **J. F. Brade**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Co**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4573 Garfield Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **2**  
year **1948** hour **5** minute **25** p. M.

21. I hereby certify that I attended the deceased from **Jan. 28**, 19 **48** to **Feb. 2**, 19 **48**  
that I last saw him alive on **Feb. 2**, 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease with Decompensation**  
Duration **Undet.**

Due to.....  
Due to.....

Other conditions **Probable Coronary Heart Disease**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy **No**  
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 **Oscar J. Daniels** (M. D. or other)  
Address **2601 N Whittier** Date signed **2/3/48**

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.....

*Charles Manning*

Licensed Embalmer No.....

*3371*

P. O. Address.....

*St. James*

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.