. S. No. 300
50M—10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 1 1948
Registration District No. 817

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11130
Registrar's No. 770

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 102 days (Specify whether
In this community 32 years
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. 3437 Lawton 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SMITH, ANDREW LEE
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0 (common law marriage)
6. (b) Name of husband or wife Hattie Bright (common-law)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1914 (Year)

8. AGE: Years 33 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation Dining car waiter on R.R.
11. Industry or business
FATHER
12. Name James Smith
13. Birthplace (City, town, or county) Mississippi (?) (State or foreign country)
MOTHER
14. Maiden name Prenella Mitchell
15. Birthplace (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street
19. (a) 3-23-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-9-47, 19__, to 3-20-48, 19__;
that I last saw him alive on 3-20-48, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 yr. (??)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 b

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 William C. Banton II (M. D. ~~or other~~)
Address Robert Koch Hospital Date signed 3-22-48

(Licensed Embalmer's Statement on Reverse Side)

'DEC 9 1940

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 N. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.