

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25726

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1480</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Kinloch</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Kinloch</u>		9 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Frost Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOAA</u>		b. (Middle)		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 17 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-19-1906</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>		IF UNDER 10 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Beluah, Miss.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Dunbar</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah</u>		14. NAME OF HUSBAND OR WIFE <u>Emanuel Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Reid So. Kinloch</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>gunshot wound of front part of head, bullet emerging from back part of head.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gunshot wound of front part of head, bullet emerging from back part of head.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>part of head.</u> DUE TO (c) <u></u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>ca 91X</u> <u>6781</u> <u>166</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>store</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kinloch Park, St. Louis, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 17 49 P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by husband, Emanuel Smith</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Emanuel J. Willmann Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>6/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>		24b. DATE <u>6-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington PK Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis City Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-22-49</u>		REGISTRAR'S SIGNATURE <u>Hester R. Donahoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros' Funeral Home</u>		ADDRESS <u>So. Kinloch Mo</u>	

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 _____

Henry C Williams

Student Embalmer No. 306

working under my personal supervision.

Signed *Henry C Williams*
Student Embalmer

Signed *Edward J Flynn*
Licensed Embalmer No. 4444
P. O. Address 4548th Paq

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.

247664