

NOV 13 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: **1000**
 (a) County 2
 (b) City or town St. Louis - Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3016 - Bell Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 1
 (c) City or town St. Louis **21**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3016th Bell
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME THOMAS SMITH. 530
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 479-10-4394

20. DATE OF DEATH: Month 9 day 27
 year 1939 hour 5 minute 00 P. M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race Col
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Nettie Smith
 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased July 8 1890
 (Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Myo Carditis
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
<u>49</u>	<u>2</u>	<u>19</u>		hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Brooksville MISS
 (City, town, or county) (State or foreign country)

10. Usual occupation COMMON-LABOR

11. Industry or business W.P.A.

12. Name ARTHUR SMITH

13. Birthplace MISS
 (City, town, or county) (State or foreign country)

14. Maiden name HARriet STEVENSON

15. Birthplace MISS
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nettie Smith
 (b) Address 3016 - Bell

17. (a) BURIAL (b) Date thereof OCT-27-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM

18. (a) Signature of funeral director Metropolitan Fun Home
 (b) Address 3028 Dickerson St

19. (a) OCT 2 1939 (b) Joseph Rudick
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy See above

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Joseph Rudick (M.D. or other)
 Address Deputy (City, town, or county)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address. 3028 Dickson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.