

FILED JUL 17 1940

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2915 Pine Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 12 years  
years, months or days)

3. (a) PRINT FULL NAME Norah Saunders Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NO

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Smith 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased OCT. 11 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace WILMONT ARK.  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Stewart Smith

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

14. Maiden name Vina Wheeler

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

16. (a) Informant Mattie Smith  
(b) Address 2915 Pine St.

17. (a) Burial (b) Date thereof JUN 4 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. J. Beal

(b) Address 2726 Lucas Ave

19. (a) JUN 4 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

St. Louis

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town 21  
(If outside city or town limits, write "RURAL")

(d) Street No. 2915 Pine Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1940 hour 10 A. minute 10 M. June

21. I hereby certify that I attended the deceased from May 19th 1940 to June 1st 1940;

that I last saw him alive on June 1st 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
no definite heart disease

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 102

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Walton (M. D. or other) \_\_\_\_\_

Address 2316 Olive St. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12/28/20

10/10/20

10/10/20

**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 *Birdie Beal Anderson*

Licensed Embalmer No. *2929*

P. O. Address.....

**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, above space should be left blank.**