S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19993

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4941

FILED JUL 17 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 29 days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3929 Evans Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Smith 530

3. (b) If veteran, name war —

3. (c) Social Security No. 497-07-9695

4. Sex Female

5. Color or race col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Smith

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June (Month) 16th (Day) 1902 (Year)

8. AGE: Years 37 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Sweet Home (City, town, or county) Ark (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name J. William Davidson
13. Birthplace unknown (City, town, or county) Ga (State or foreign country)

MOTHER
14. Maiden name Rutella Smith
15. Birthplace unknown (City, town, or county) N. C (State or foreign country)

16. (a) Informant Joe Smith
(b) Address 3929 Evans ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) JUN 5 1940 (Date received local registrar) (b) J. F. Buedeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
year 1940 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from 4-20- 1940, to 6-1- 1940;
that I last saw her alive on 6-1- 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	About 3 Yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature H. J. Lyman (M. D.) 6-3-1940
Address 2601 N. Whittier St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Gatson

Licensed Embalmer No. 269 S

P. O. Address 2769 Chautea

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.