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LEO JAN 15 1941 **7917**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St Louis**

(c) Name of hospital or institution: **Phillips Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether In this community **Life** years, months or days)

3. (a) PRINT FULL NAME **Rick Smith**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **Negro**

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

6. (b) Name of husband or wife **Almira Smith**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **January 2, 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 **10** **26** hr. min.

9. Birthplace **Saint Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

MOTHER FATHER { 12. Name **Earlie Smith**

13. Birthplace **Unavailable, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Gertrude Ricks**

15. Birthplace **Unavailable, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Almira Smith**

(b) Address **3947 Chouteau Avenue**

17. (a) **Burial** (b) Date thereof **12/2/1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. Hales**

(b) Address **4107 Finney Avenue**

19. (a) **DEC 2 1940** (b) **J. H. Budeck**
(Date received local registrar) (Registrar's signature)

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. **3947 Chouteau**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28**
year **1940** hour **5:00** minute _____ P M.

21. I hereby certify that I attended the deceased from **November 22, 1940** to **November 28, 1940**; that I last saw him alive on **November 28, 1940**; and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** **5 days**
Intestinal Obstruction **10 days**

Due to **Cause unknown**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **172**

Major findings: Of operations _____

Of autopsy **As above**

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 **1**

23. Signature **J. B. English** (M. D. or other) **1**

Address **2601 N Whittier** Date signed **12/2/40**

Duration

5 days

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

STATEMENT BY LICENSED EMBALMER

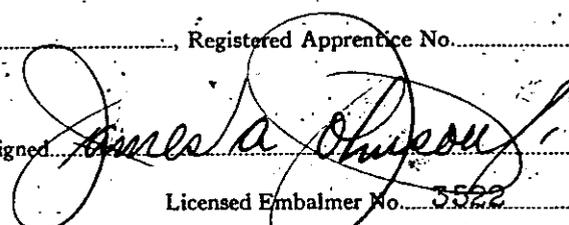
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.