S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16253

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3771

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: 21 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 2117
(d) Street No.: 3225 a Pine Street. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Willietta Smith
3. (b) If veteran, name war:
3. (c) Social Security No. 486-14-7047
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 18 (Day) 1919 (Year)
8. AGE: Years 21 Months 10 Days 12 If less than one day hr. min.
9. Birthplace: Greenville (City, town, or county) / Mississippi (State or foreign country)
10. Usual occupation: N. Y. A.
11. Industry or business:
MOTHER FATHER
12. Name: Dedrick Smith
13. Birthplace: Greenville (City, town, or county) / Mississippi (State or foreign country)
14. Maiden name: Elenora Harper
15. Birthplace: Greenville (City, town, or county) / Mississippi (State or foreign country)
16. (a) Informant: Elenora Murphy
(b) Address: 3225 a Pine St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem.
18. (a) Signature of funeral director: Peoples Burial League
(b) Address: 3100 Franklin Ave
19. (a) MAY 2 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1941 hour 10 minutes 30 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Vegetative Endocarditis — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 9/0
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: Thomas F. Callaman (M. D. or other)
Address: Deputy Coroner Date signed: 5/1/41

(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: Henry A Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 W Lahache

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.