

791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (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:
Homer C. Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 22 yrs.

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")
 (d) Street No. 820a Carr St.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Emma Smith
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Female
 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Oliver Smith
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased May, 20, 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months I Days 0
 If less than one day hr. _____ min. _____

9. Birthplace Pickett Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Sam Federate
 13. Birthplace Pickett Miss.
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Young
 15. Birthplace Pickett Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Smith
 (b) Address 820 A. Carr St.

17. (a) Burial (b) Date thereof 6-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wright, s Funeral Home.
 (b) Address 3100 Easton Ave.

19. (a) JUN 24 1941 (b) J. T. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1941 hour 6:00 minute _____ A.M.
 21. I hereby certify that I attended the deceased from June 16 1941 to June 20 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Crevix
Uremia
 Duration 3 yrs. 48 hrs.

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? _____

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

23. Signature [Signature] (M. D. or other) _____
 Address 2601 N. Whittier Date signed 6/20/41

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 William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2167

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, fact should be so stated above.