No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39914

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9622

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:
0 St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution In hospital (Specify whether
In this community 1 mo., 1 wk., 5 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis 17

(c) City or town St. Louis 194
(If outside city or town limits, write "RURAL")

(d) Street No. 3651 W. Pine 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Prestly H. Smith

3. (b) If veteran, name war ----

3. (c) Social Security No. ---

4. Sex M 2

5. Color or race C

6. (a) Single, widowed, married, divorced Marr. 1

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Unavailable Abt. 1874
(Month) (Day) (Year)

8. AGE: Years About 67 | Months | Days | If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Miscellaneous

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant Goldie Smith
(b) Address 4459 Evans Ave. St. Louis.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director O. W. Holmes
(b) Address 2829 Washington Ave

19. (a) DEC 4 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1941 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 10-16-41
19 to 11-28- 1941;
that I last saw him alive on 11-28- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 Lucius S. Davis (M. D. or other) M. D.

Address 1536 Papin St Date signed 11/28/41

(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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.