

X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

772

State File No. _____

FILED FEB 1 1943
848
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 588

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME Phillips Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Smith 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug. 25, 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 04 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation laborer
11. Industry or business Commonwealth Steel Co.

MOTHER FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address 2703 Sherida n Ave.

17. (a) Burial (b) Date thereof 1-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son
(b) Address 2631 Cole Street

19. (a) JAN 20 1943 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9 11
(d) Street No. 4544 Evans
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1943 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from
January 13 1943 to January 18, 1943
that I last saw him alive on January 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Flural Effusion, Left; Prob Lobar
Pneumonia

Duration 1 week
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 _____
Signature J. E. Smith (M. D. or other)
Address 2601 N. Whittier Date signed 1-20-43

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.....
....., Registered Apprentice No.....
..... working under my personal supervision.

Signed.....

Clark Young

Licensed Embalmer No.....

3371

P. O. Address.....

St. Louis

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.