No. 2
M—2-43
5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 12810

Registration District No. 318 APR 28 1943

Primary Registration District No. 1003

Registrar's No. 3653

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: Enroute To 3 Homer Phillips Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town ST Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 2326 A Biddle ST (If rural, give location)

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

If yes, name country 0

**3. (a) PRINT FULL NAME** Henry 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 Ilor Smith

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

7. Birth date of deceased 4 (Month) 16 (Day) 1911 (Year)

8. AGE: Years 31 Months 11 Days 29 If less than one day hr. min.

9. Birthplace ST Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Deputy Constable

11. Industry or business

FATHER
12. Name Caswell Smith
13. Birthplace St Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Pinkey McAllister
15. Birthplace St Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Ilv Smith

(b) Address 2326 A Biddle ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 S Toddard ST.

19. (a) APR 19 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 15 year 1943 hour 11 minute 40 p.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 Internal Hemorrhage from Stabwound of Heart with Knife in the Hands of one (Col)

Due to Lawrance Carrall (In the Bond Liquor Store

Due to 2800 Franklin ave. about 11:30 Pm 4-15-43

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

167

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) Homicide

(b) Date of occurrence 4-15-43

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address [signature] Date signed 4/19/43

(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 Lonnie Boykin, Registered Apprentice No. MP, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo

**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.**