

JUN 14 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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 29 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 316 S. Montrose
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Life

3. (a) PRINT FULL NAME Helen Smith

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Robert Smith
6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 6 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 11 24 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student- Public School

11. Industry or business

MOTHER FATHER {
12. Name Robert Smith
13. Birthplace Columbus Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Harris
15. Birthplace Columbus Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Earn Smith
(b) Address 316 Montrose

17. (a) Burial (b) Date thereof June 3, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Untd. Co.
(b) Address 2732 Pine Street

19. (a) JUN 2 1943 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29,
year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 30, 1943 to May 29, 1943,
that I last saw her alive on May 29, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart disease with Decom-
pensation

Due to Unk.

Due to Unk.

Other conditions Unk.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Unk.
Of autopsy Unk.

Duration
Unk.
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) Unk.
(b) Date of occurrence Unk.
(c) Where did injury occur? (City or town) (County) (State) Unk.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unk.

While at work? (Specify type of place) (c) Means of injury Unk.
23. Signature S. R. Barrett (M. D. or other) Unk.
Address 2601 Whittier Date signed 6/1/43

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 Joel Russell
Licensed Embalmer No. 4112
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.