. S. No. 2
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ev. 5-14-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16621

ED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4666

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 20

(a) State Missouri (b) County

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

(d) Street No. 2634a Baldwin
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mamie Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Cal 3

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept (Month) 15 (Day) 1910 (Year)

8. AGE: Years 32 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Greenwood (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Green Miller
13. Birthplace Greenwood (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Mary not known
15. Birthplace Greenwood (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Sid Smith
(b) Address 2634a Baldwin

17. (a) Shipp. (Burial, cremation, or removal) (b) Date thereof 5/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Miss.

18. (a) Signature of funeral director J D Richardson
(b) Address 2625 Glasgow

19. (a) MAY 7 1943 (Date [illegible]) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15, year 1943 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 13, 1943, to May 15, 1943 that I last saw her alive on May 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Cervix	Unk.
Myelogenous Leukemia	Unk.
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. or other)
Address 2601 Whelton Date signed 5/28/43

(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.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed A D Richards

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.