

S. No. 2
M-5-42
5-17-43
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20049

State File No.

Registrar's No. **5346**

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FILED JUN 19 1943 B 13
Registration District No.

Primary Registration District No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **14 days**
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town. **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3136 Lawton St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

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3. (a) PRINT FULL NAME **Ronald Smith (baby)**

3. (b) If veteran, name war 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced. **0**

6. (b) Name of husband or wife. **-** 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. **May 26th 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 14 hr. min.

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

10. Usual occupation. **None**

11. Industry or business. **Frederick Smith**

12. Name. **Frederick Smith**
13. Birthplace. **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name. **Marion Sanford**
15. Birthplace. **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Wella Smith**
(b) Address. **1515 N CORA AVE**

17. (a) **Burial** (b) Date thereof. **6-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **WASHINGTON PARK**

18. (a) Signature of funeral director. **ACKINS BROS**
(b) Address. **3644 Finney Ave**

19. (a) **JUN 11 1943** (b) **St. Louis**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9,**
year **1943** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **May 26,** 1943 to **June 9,** 1943
that I last saw him alive on **June 9,** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. **Prematurity**

Duration
14 days

Due to

Due to

Other conditions. **159**
(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) (c) Means of injury.

23. Signature **E. L. Dickson** (M. D. or other) **1/14/43**
Address **2601 W. Patton** Date signed

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

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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.....

Not Embalmed -

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

working under my personal supervision.

Signed *Louis V. Atkins*.....

Licensed Embalmer No. *2842*.....

P. O. Address *3644 Finney Rd*.....

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.