

FILED JUL 17 1943

Registration District No. 313

Primary Registration District No. 1003

Registrar's No. 6144

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 8 days
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
17

(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")

(d) Street No. 1243 N. Garrison
(If rural, give location)

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

3. (a) PRINT FULL NAME Calvin Smith

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex male, 5. Color or race W. Negro

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____
If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business Common

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 Gardner

(b) Address 1328 37th Garrison

17. (a) burial (b) Date thereof 7-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Bruce

(b) Address 1013 N. Garrison

19. (a) JUL 7 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1943 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 22,
1943, to June 30, 1943
that I last saw him alive on June 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pyonephrosis - Cerebellum
Prob. Prostatic Abscess - Cause

Duration Unk.
Unk.

Due to not known

Due to fr

Other conditions 1/27
(Include pregnancy within 3 months of death)

Major findings: 1/27

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) Means of injury _____

23. Signature A. P. Fleet (M. D. or other)
Address 601 W. Hittler Date signed 7/3/43

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

MOTHER FATHER

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, me

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

Signed Clark Young

Licensed Embalmer No. 3371 J

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.**