

FILED AUG 8 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2786

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 1 mo., 11 days  
(Specify whether  
In this community 12 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
(d) Street No. 2142 Walnut (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD SMITH

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

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

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

7. Birth date of deceased June 10, 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 14  
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Unknown

FATHER  
MOTHER

12. Name Edward Smith

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Reed

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley Smith

(b) Address 2601 W. Hillier

17. (a) Burial (b) Date thereof JUL 29 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschman

(b) Address City Health Dept

19. (a) [Signature] (b) [Signature]  
(Date received, Registrar's No.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24,  
year 1943 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 13,  
1943 to June 24, 1943  
that I last saw him alive on June 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach  
Duration 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?

23. Signature A. M. Jackson (Specify type of place) (e) Means of injury  
Address 2601 W. Hillier Date signed 7/27/43

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

JUL 28 1943

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

Signed.....

Licensed Embalmer No.....

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.**