

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

FILED OCT 13 1943 318

Registration District No. 1843

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (6) Days
In this community (6) Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Howard Paul Smith,

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

4. Sex Male 5. Color or race Colored 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 Sept 20th, 1943.
(Month) (Day) (Year)

8. AGE: Years --- Months --- Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business XXX

MOTHER FATHER

12. Name Homer L. Smith,
13. Birthplace Dallas County, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann Edmondson,
15. Birthplace Clark County, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Domey L. Smith
(b) Address 4361 W. Belle Place,

17. (a) Burial (b) Date thereof Sept 28th 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 2812 Thomas, St. Louis, Mo.

19. (a) SEP 28 1943 J. F. Buehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 4361 W. Belle Place 9
(If rural, give location)
(e) Citizen of foreign country? Born U.S. OF A. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26th
year 1943 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from Sept 20
1943, to Sept. 26, 1943
that I last saw her alive on Sept. 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Renal & uremic
poisoning

Due to _____
Due to 161

Other conditions (Include pregnancy within 3 months of death)

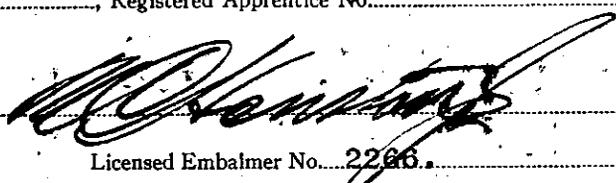
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
Signature [Signature] (M. D. or other) _____
Address 4316 Maple Date signed _____

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

Signed.....

Licensed Embalmer No. **2266**.....

P. O. Address **2812 Thomas, StLouis, Mo.**.....

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.