

S. No. 2
M-2-43
5-17-39
I X35697

33568

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 9425

LEU NOV 1 1943
318

1003
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Infirmary
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution 8 hrs (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 1/2 W. 17th Street (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Smith

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct 25 day
year 1943 hour 10 minute 9 M.

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

21. I hereby certify that I attended the deceased from 2:30 PM
10-25-43, 19____, to 10:00 AM 10-26-43
that I last saw him alive on 10-25-43, 19____,
and that death occurred on the date and hour stated above.

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 10 25 1943
(Month) (Day) (Year)

Immediate cause of death Prematurity

8. AGE: Years _____ Months _____ Days _____ If less than one day
8 hr. 5 min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name Jake Smith
13. Birthplace Jackville Miss
(City, town, or county) (State or foreign country)
14. Maiden name Ida Lee Clark
15. Birthplace Starkville Miss
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Ida Lee Smith mother
(b) Address 1114 1/2 W. 17th St
17. (a) Burial (b) Date thereof 10-28-43
(Burial, cremation, or disposal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

23. Signature Leon B. ... (M. D. or other)
Address 1536 Poplar Date signed 10-26-43

18. (a) Signature of funeral director H. ...
(b) Address City Health Dept
19. (a) OCT 27 1943 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

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

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.