

FILED OCT 23 1944

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **8811**

1. PLACE OF DEATH:  
 (a) County **St. Louis, Mo**  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2632 Locust Street**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
**About 2 years**  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME **WILLIE SMITH H. JR.**  
 3. (b) If veteran, name war No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male**  
 5. Color or race **Colored**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Hester Smith**  
 6. (c) Age of husband or wife if alive **65** years  
 7. Birth date of deceased **Jan 26 1900**  
 (Month) (Day) (Year)

8. AGE: Years **44** Months **8** Days **19**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Laborer**

11. Industry or business **Willie Smith**

12. Name **Memphis Tenn.**

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

14. Maiden name **Heneritta Mc Combs**

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

16. (a) Informant **2632 Locust Street**

(b) Address **Burial Oct-17-44**

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **A. L. Breal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) **OCT 17 1944**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State \_\_\_\_\_ (b) County **020**  
 (c) City or town **St. Louis, Mo.**  
 (If outside city or town limits, write "RURAL") **17**  
**2632 Locust Street** **219**  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **15** day **Oct**  
 year **44** hour **11** minute **30 AM**

21. I hereby certify that I attended the deceased from **10/12/44**  
 \_\_\_\_\_, 19\_\_\_\_, to **10/15/44**, 19\_\_\_\_

that I last saw him alive on **10/15/44**, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobster Cholera**  
 Duration **3 days**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **J. J. Bradee** (M. D. or other)

Address **314 E. Locust** Date signed **10/16/44**

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

MOTHER FATHER

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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 A. P. Richardson  
Licensed Embalmer No. 2928  
P. O. Address City

**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.**