

FILED AUG 4 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6937

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **4 mos; 13 days**
(Specify whether
In this community... **31 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1721 Belleglade**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Lela Smith

3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex **Female** race **Negro**

5. Color or
6. (a) Single, widowed, married,
divorced, **Married**

6. (b) Name of husband or wife..... **Ulysses Smith**
6. (c) Age of husband or wife if
alive... **59** years

7. Birth date of deceased..... **December 26, 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 **6** **26** hr. min.

9. Birthplace..... **Dyersburg, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business

12. Name..... **Samuel McDearmond**

13. Birthplace..... **Unavailable, Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Emma Unknown**

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

16. (a) Informant..... **Ulysses Smith**

(b) Address..... **1721 Belleglade Avenue**

17. (a) **Burial** (b) Date thereof **7/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Washington Park Cem**

18. (a) Signature of funeral director..... **Chas. J. Gates**

(b) Address..... **4107 Finney Avenue**

19. (a) **JUL 25 1947** (b) **J. F. Bruback**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year..... **1947** hour..... **2** minute..... **55** P. M.

21. I hereby certify that I attended the deceased from
March 9, 19 **47** to **July 22,** 19 **47**
that I last saw h. **er** alive on **July 22,** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
**Cerebral Vascular Accident with
Right Hemiplegia**

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 of
which death
should be
charged sta-
tistically.

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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... **O. L. Daniels** (M. D.)

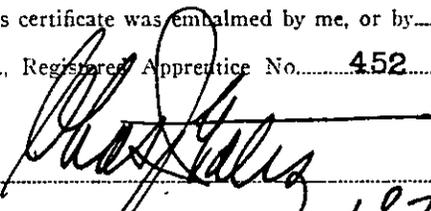
Address..... **2601 N. Whittier** Date signed **7-23-47**

WRITE PLAINLY—USING 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, or by.....
..... **John K. Cunningham** Registered Apprentice No. **452**
working under my personal supervision.

Signed..... 
Licensed Embalmer No. **1825**

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.