

Registration District No. 318 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:  
1727 Coral Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jocinta Smith

3. (b) If veteran, name war No

3. (c) Social Security No. 486-14-5578

4. Sex F 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Smith

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Nov 29 1914  
(Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 29 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business Cook

12. Name of father Pat Mason

13. Birthplace of father Ala  
(City, town, or county) (State or foreign country)

14. Maiden name of mother Bessie Lawrence

15. Birthplace of mother Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Mason

(b) Address 1727 Coral Ave

17. (a) Removal Removal (b) Date thereof Jan 8 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. M. Green

(b) Address 3517 Locust Ave

19. (a) Date received local registrar DEC 31 1947 (b) Registrar's signature J. H. ...

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1727 Coral Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1947 hour 11 minute 400 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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

Immediate cause of death Internal hemorrhage following gunshot wound of abdomen inflicted with .38 Smith & Wesson Co. by hand of one Robert Fred Allen, Col. in Army home at Star Alley, 1905 Wagner Plaza, Kansas City, Mo. on the 28 1947

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 166

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) Internal

(b) Date of occurrence Dec 28 1947

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

(e) Means of injury Shooting

23. Signature Thomas O. Callahan (Date or other) 3

Address Carver Date signed 12-28-47

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 Jesse E. Hurd Registered Apprentice No. 514  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 1123

P. O. Address 3517 Saclde ave

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.