

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1000

Registrar's No. 2412

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: pronounced dead at
Homer Phillips Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2230 Cole St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME CHESTER SMITH

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

4. Sex Male 2 5. Color or race C 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 June 18 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 21 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Moving helper

11. Industry or business --

MOTHER FATHER
12. Name Frank Smith
13. Birthplace Mineral Point Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Solomon
15. Birthplace Crystal City Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Chaney
(b) Address 103 S. Jefferson Ave.
17. (a) Burial (b) Date thereof 13-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAR 10 1948 (b) J. F. Pradick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1948 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia; Granulating burns of 25% of body. suffered when deceased had an epileptic fit and fell against the heating stove at his home 2330 (R) Cole St. on Dec. 27, 1947, at about 10:10 A.M.

ACCIDENT

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) ACCIDENT 000
(b) Date of occurrence 12-27-1947
(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? no (Specify type of place) Means of injury See above

23. Signature J. F. Pradick (M.D. or other) 17
Address 1300 Clark Ave. Date signed

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

2
00
17
9

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 Cunningham....., Registered Apprentice No.....

working under my personal supervision.

Signed *John Cunningham*.....

- - Licensed Embalmer No. 4476.....

P. O. Address. 4107 Finney 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.