

Registration District No. 318

Primary Registration District No.

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME William Smith  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 2 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Wid. ?  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
7. Birth date of deceased June 26 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 0 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Not employed

11. Industry or business \_\_\_\_\_

12. Name Not known

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

14. Maiden name Not known

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

16. (a) Informant Pearl Jones

(b) Address 3309 Market St

17. (a) Burial (b) Date thereof July 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. Floyd Bros

(b) Address 3704 Finney Ave.

19. (a) JUL 13 1948 (b) J. Breda  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 871 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2812 Pine St  
21 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 10 day 10  
year 1948 hour 1 minute 45 a M.

21. I hereby certify that I attended the deceased from July 9, 1948, to July 10, 1948  
that I last saw him alive on July 10, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Aorta - Aneurysm,  
dissection (Thoracic and Abdominal)  
Arterios - Arteriosclerosis, Generalized  
Heart - Hypertrophy  
Due to \_\_\_\_\_

Duration

Undet.

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Yes

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 \_\_\_\_\_

Signature Herbert J. Erwin (M. D. or other)

Address 2601 N Whittier Date signed 7/12/48

WRITE PLAINLY—USE 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 <sup>not</sup>.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Edward G. Flynn*

Licensed Embalmer No. *14444*

P. O. Address. *45485 Page*

**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.**

*Lucas 7664*