

**RECEIVED FEB 20 1941**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

19  
00  
17  
9

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.  
(b) City or town ST. LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2610<sup>2</sup> Gamble ST. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 9 yrs.  
years, months or days)

8. (a) PRINT FULL NAME Stokes C. Smith

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Smith 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased. 12 31 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 0 14 hr. min.

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

10. Usual occupation laborer

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

MOTHER FATHER { 12. Name Richard Smith

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

14. Maiden name LAVENIA BOYD

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

16. (a) Informant Julia Smith

(b) Address 2610<sup>2</sup> Gamble ST.

17. (a) Burial (b) Date thereof 1-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Father's Paper Co.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard ST.

19. (a) JAN 17 1941 (b) J. W. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town SAINT LOUIS 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2610<sup>2</sup> Gamble ST.  
(If rural, give location)  
(e) If foreign born, date of arrival in U.S.A. Physician years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JAN. day 14  
year 1941 hour 1 minute 30 p.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  
Chronic Myocarditis  
Chronic Interstitial Nephritis

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

Other conditions (Include pregnancy within 3 months of death)  
1/2/41

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

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)  
(c) Means of injury 3  
23. Signature Thomas F. Callahan (M. D. or other)  
Deputy Coroner Date signed 1/17/41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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, of the \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*L. Boykin*  
*Miss*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*2946*  
*St. Louis Mo*

**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, above space should be left blank.**