

No. 2  
4-13-40  
5-17-39  
P-1 X23159

FEB 14 1941

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 7721

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

1. PLACE OF DEATH:

(a) County Orleans

(b) City or town St. Louis

(c) Name of hospital or institution 6137 Minerva Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 22 years, months or days

3. (a) PRINT FULL NAME Susie Stell Smith

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

3. (c) Social Security No. --

4. Sex Female

5. Color or race Negro

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

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

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

7. Birth date of deceased Unknown about 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 65 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Mose Stell

13. Birthplace Unknown - W. Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Powers

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

16. (a) Informant Ruth James

(b) Address 6137 Minerva Avenue

17. (a) Burial (b) Date thereof Jan 27, '41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Suter

(b) Address 4107-09 Finney Avenue

19. (a) JAN 24 1941 (b) R. M. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 6137 Minerva Avenue  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1941 hour 8 minute 45 p.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to January 21, 1941  
that I last saw her alive on January 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis

Duration 6 months

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

Due to 1318

Other conditions Senility  
(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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature Richard Suter (M. D. or other) M.D.  
Address Frisco Bldg. Date signed 1/22/41

**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.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed *James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107-09 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.**