

No. 2
1-4-41
5-17-39

X28390

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

FILED SEP 17 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27223
State File No. _____
7015
Registrar's No. _____

Registration District No. 791 Primary Registration District No. 1003

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:
7401 Canterbury
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 7401 Canterbury
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Edith Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1941 hour 4 minute _____ P. M.

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

6. (b) Name of husband or wife Ralph Smith 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct. 23, 1898
(Month) (Day) (Year)

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 _____

8. AGE:	Years	Months	Days	If less than one day
	<u>42-</u>	<u>10</u>	<u>5</u>	hr. _____ min.

Due to Cerebral Apoplexy

Due to found only

Other conditions gza
(Include pregnancy within 9 months of death)

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

10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Douglas

13. Birthplace Montgomery Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Murray

15. Birthplace Montgomery Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Smith
(b) Address 7401 Canterbury

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? _____

17. (a) Burial (b) Date thereof 9-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) AUG 30 1941 (b) J. M. [Signature]
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Thomas F. [Signature] (D. or other) 3
Address Deputy Coroner Date signed 9/30/41

APR 2 1942

JAN 13 1942

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

Signed..... *J. Burgess*.....
Licensed Embalmer No. *4029*.....
P. O. Address..... *Maplewood*.....

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.