No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

32456

State File No.

Registrar's No. 8983

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

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: Deaconess Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ + days (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96 8

(c) City or town Richmond Heights 3 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 7727a Arthur Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME Karen Cecelia Smith #2

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced — 1

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased October 25, 1942 (Month) (Day) (Year)

8. AGE: Years | Months | Days 2½ + | If less than one day ___ hr. ___ min.

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER
12. Name Sterling Morgan Smith Jr.
13. Birthplace St. Louis, Missouri O (City, town, or county) (State or foreign country)
14. Maiden name Dolores Cecelia Schoenen
15. Birthplace St. Louis, Missouri O (City, town, or county) (State or foreign country)

16. (a) Informant (mother) Mrs. S.M. Smith
(b) Address 7727a Arthur Ave. Richmond Hts

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director M.J. Croghan
(b) Address 7146 Manchester Av.

19. (a) OCT 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1942 hour 2:05 minute a. M.

21. I hereby certify that I attended the deceased from October 25th, 1942 to October 28, 1942 that I last saw her alive on October 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	3 days
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature E O Brickenridge (M. D. ~~or other~~)
Address 420 Metropolitan Bldg Date signed 10-28-42

(Licensed Embalmer's Statement on Reverse Side)

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 M. J. Brophy

Licensed Embalmer No. 2622

P. O. Address.....

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.