S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed NOV 18 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36947

Primary Registration District No. 1003

Registrar's No. 9663

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 9 15

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

(d) Street No. 4431 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lulu Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 3 (Day) 1869 (Year)

8. AGE: Years 74 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Mt. Pleasant (City, town, or county) Iowa (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Charlesworth
13. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Mabel Jones

(b) Address 4431 S. Broadway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Keokuk, Iowa

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) NOV 4 1943 (Date received local registrar) J. P. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1943 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shock following Fracture of Pelvis. Arterial Sclerosis when she fell in the aisle of a street car operated by Frank Carroll about 4:30 pm Oct 29-43 in front of 4431 So Broadway

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence 10-29-43

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature (M.D. or other)

Address Date signed 11/30/43

(Licensed Embalmer's Statement on Reverse Side)

Coroners office

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.