

No. 2  
1-5-43  
5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 22 1943 8  
Registration District No. ....

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003  
Primary Registration District No. ....

State File No. 10581  
Registrar's No. 11027

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

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1334 North Newstead Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 42 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERTA A. SMITH  
3. (b) If veteran, name war ---  
3. (c) Social Security No. None

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widowed  
6. (b) Name of husband or wife Milton Z. Smith 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased January 3, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 6 -- hr. -- min.

9. Birthplace Middleburg Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---  
12. Name William Smith  
13. Birthplace Unavailable Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Unknown  
15. Birthplace Unavailable Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice T. Smith  
(b) Address 1334 North Newstead Avenue

17. (a) Burial (b) Date thereof 12/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Com.

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue

19. (a) DEC 13 1943 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 17  
(c) City or town Saint Louis 911  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1334 North Newstead Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th  
year 1943 hour 3: minute 20 P. M.  
21. I hereby certify that I attended the deceased from Jan 1, 1935 to Dec 9, 1943  
that I last saw her alive on Dec 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to.....  
Due to.....  
Other conditions Hypertension Diabetes  
(include pregnancy within 3 months of death)

Duration 12 yr  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?  
(Specify type of place)  
While at work?..... (e) Means of injury.....  
23. Signature Besamett (M. D. or other)  
Address 243 W. Jefferson, Kirkwood 12/10/43  
Missouri

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**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.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Avenue

**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.**