

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5767
State File No. _____
Registrar's No. 1467

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution 2830 E MILL ST. 1
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(d) Street No. 2830 E MILL ST. 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAGGIE W. SMITH.
3. (b) If veteran, name war L 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 10 year 1944 hour _____ minute 50 A. M.

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced, widow 2
6. (b) Name of husband or wife Frank Smith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 20 1889 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 8 1943, to Feb. 10 1944 that I last saw her alive on Feb. 10 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 10 Days 21 If less than one day hr. _____ min. _____

Immediate cause of death Chronic Myocarditis
Due to _____
Duration 4 months

9. Birthplace Memphis Tenn (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Domestic
12. Name Hepatlian Blount
13. Birthplace Canton MISS. (City, town, or county) (State or foreign country)
14. Maiden name Messemur Gordon
15. Birthplace Canton Miss (City, town, or county) (State or foreign country)

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Edw. Blount
(b) Address 53014 Franklin Ave Berme (b) Date thereof 2 14 44 (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Greenwood an
18. (a) Signature of funeral director A. F. Walton
(b) Address 2701 Stoddard St
19. (a) FEB 1 - 10 - 44 (b) J. F. Breesh (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature W. H. G. Clark (M. D. or other)
Address 2748a Franklin Date signed 2-10-44

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

FEB 15 1944

(Licensed Embalmer's Statement on Reverse Side)

1467

1467

APR 3 1944

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 *Donald A. Howard*

Licensed Embalmer No. *3322*

P. O. Address *3506 Franklin 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.