S. No. 2
OM—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1818 Primary Registration District No. 1003 Registrar's No. 3727

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. Mary's Inf.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Abt. 10 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 2135 Gaty Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ola Smith

3. (b) If veteran, name war No

3. (c) Social Security No. 422-07-0375

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Henry D. Smith

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 6 (Day) 1910 (Year)

8. AGE: Years 33 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Pell City (City, town, or county) Ala. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name William Cunningham
13. Birthplace Pell City (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Mattie Glenn
15. Birthplace Pell City (City, town, or county) Ala. (State or foreign country)

16. (a) Informant Henry D. Smith
(b) Address 2135 Gaty, E.St.Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/23/44 (Month) (Day) (Year)
(c) Place: burial or cremation Pell City, Ala

18. (a) Signature of funeral director R.M.C. Green
(b) Address 3517 Laclede Ave

19. (a) APR 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 20 year 1944 hour 1:30 minute a.m. M.

21. I hereby certify that I attended the deceased from 2/24, 1944 to Apr 20, 1944; that I last saw her alive on Apr 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephritis - Acid Enlarged Liver - Chronic

Due to Pleural Effusion

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration: Final dep. / Final month

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 Edgar F. Woodson (M. D. or other) M.D.

Address 93 S N 2 Nest Date signed 4/20/44

(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 [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Lallede 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.