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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 28 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28842

Registration District No. 217

Primary Registration District No. 20027

Registrar's No. 1764

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

1. PLACE OF DEATH: St. Louis

(a) County: University City

(b) City or town: University City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7945 Delmar Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State: Missouri (b) County: 5

(c) City or town: University City  
(If outside city or town limits, write "RURAL") 5

(d) Street No.: 7945 Delmar Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Paulina Smith

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: Widow

6. (b) Name of husband or wife: Joseph 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: not known  
(Month) (Day) (Year)

8. AGE: Years: About 68 Months: \_\_\_\_\_ Days: \_\_\_\_\_ If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Unknown Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown Russia  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant: Aaron Smith

(b) Address: 7945 Delmar Blvd.

17. (a) Burial (b) Date thereof: 8-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Herman Rindorf

(b) Address: 5216 Delmar Blvd.

19. (a) AUG 22 1944 (b) [Signature]  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 20 year: 1944 hour: 0 minute: 0 M.

21. I hereby certify that I attended the deceased from Dec 1937 to Aug 20 1944  
that I last saw her alive on Aug 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction of atherosclerosis 7 yd

Due to: hypertension 7 yd

Due to: atherosclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ 930

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury: \_\_\_\_\_

23. Signature: [Signature] (M. D. or other): \_\_\_\_\_  
Address: 539 N. Grand Date signed: 8/21/44

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

*Not Embalmed*  
Signed.....

.....  
Licensed Embalmer No.....

.....  
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.**