

FILED DEC 2 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5942

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town Naac Rella Mo. Rella  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Imp  
(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:

(a) State Missouri (b) County 21  
(c) City or town ST. LOUIS, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 N. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

ESAU SMITH

3. (b) If veteran, name war World War I  
3. (c) Social Security No. 490-18-8229

4. Sex Male 5. Color or race Col  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Smith  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased April 27 1890  
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Vidalia LA  
(City, town, or county) (State or foreign country)

10. Usual occupation Diner Car Cook

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

12. Name Paul Smith

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

14. Maiden name Mary Richard

15. Birthplace Black Hawk LA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Smith

(b) Address 611 N. Jefferson St. Louis, Mo.

17. (a) Removal (b) Date thereof Nov. 23 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Smith-Nollow

(b) Address Rella, Mo.

19. (a) 11-20-1944 (b) J. E. Fend  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1944 hour 4:45 minute P.M.

21. I hereby certify that I attended the deceased from not attended  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions coronary sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy as above (occlusion)

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) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Fend M.D. (M. D. or other)

Address Rella Mo. Date signed 11-23-44

Duration

Indefinite

PHYSICIAN

Underline the cause to which death should be charged statistically.

Make copy and return to  
WRITING PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MOTHER FATHER

177  
30-44

1002

DEC 11 1944

DEC 4 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 *W. H. Hallan*

Licensed Embalmer No. *3643*

P. O. Address *Cuba, Mo.*

**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.**