

STANDARD CERTIFICATE OF DEATH

State File No. **1062A**

Registration District No. **317**

Primary Registration District No. **3063**

Registrar's No. **733**

1. PLACE OF DEATH:

(a) County **St. Louis County**  
(b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 1/2 hours 10 minutes**  
(Specify whether  
In this community **life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis 9/6**  
(c) City or town **Maplewood**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2730** **Sutton**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Josiah Smith**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **W 2**  
6. (b) Name of husband or wife **Cordelia Deceased** 6. (c) Age of husband or wife if alive **?** years  
7. Birth date of deceased **Feb. 10, 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73** ~~56~~ \* **1** **16** hr. min.

9. Birthplace **Leeds St. Louis County England**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Restraunt Owner**

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

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Lukens Adm. Of Est.**  
(b) Address **7365 Flora Ave. Maplewood, Mo.**  
17. (a) **Burial** (b) Date thereof **Mar. 28, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Lebanon Co. St. L. Co.**

18. (a) Signature of funeral director **Jay B. Smith**  
(b) Address **7456 Anchester Ave. Maplewood, Mo.**  
19. (a) **3-28-46** (b) **J. J. The Yarnau Rd**  
(Date received local registrar) (Registrar's signature) **CP J**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **26**  
year **46** hour \_\_\_\_\_ minute **8:40** A.M.

21. I hereby certify that I attended the deceased from **3**  
**2** 19 **46** to **3/26** 19 **46**  
that I last saw him alive on **3/26** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **24 hrs.**

Due to \_\_\_\_\_  
Due to **8:30 AM**

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

Major findings: 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature **Wm W. Coats** (M. D. or other) **MD**  
Address **601 Brentwood** Date signed **7-26-46**

**Clayton, Mo.**

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

3558

APR 5 1940

**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 3454

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

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**