

1. PLACE OF DEATH: St. Louis Mo.  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1406 1/2 Pendelton Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
about 3 years. (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Dolly Wm Smiley  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Wallace Smiley 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased Oct, 15th, 1901  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>4</u>	<u>17</u>	hr. _____ min.

9. Birthplace Paris Texas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

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

MOTHER FATHER {  
 12. Name Tom Lee  
 13. Birthplace Texas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Angeline Griffith  
 15. Birthplace Texas  
 (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Smiley  
 (b) Address 1406 Pendelton Ave.

17. (a) Burial: \_\_\_\_\_ (b) Date thereof 3/17/46  
 (Burial, cremation, or removal) (City or town) (County) (State)  
Washington St. Church

(c) Place: burial or cremation Ellis Fun, Home

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 2820 Stoddard St

19. (a) MAR 6 1946 (Date received local registrar) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 1406 1/2 Pendelton Ave. (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2  
 year 1946 hour 1/15 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Aug 5, 1945 to Mar 2, 1946  
 that I last saw him alive on Mar 2 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular Disease  
 Due to \_\_\_\_\_

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

Major findings: Of operations None  
 Of autopsy No

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 J. F. Bredeek (M. D. or other) \_\_\_\_\_  
 Address 3186 Chautauque Date signed 3/4/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.

Signed Fulton G. Cullkin  
Licensed Embalmer No. 4198  
P. O. Address 4912 Fountain St. Harris

**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.**