

No. 2
2-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

338135

State File No.

FILED DEC 9 1946

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 3972

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Old Folks Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Several years
(Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME Ella Seppington 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 M. /
6. (b) Name of husband or wife Robert Ernest Smith 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 12 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Ferguson Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Tiffin

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Old Folks Home Miss Brown

(b) Address 711 S. Kirkwood Rd

17. (a) Burial (b) Date thereof 12 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Boyer, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 12-2-46 (b) Ruth G. Allen, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 711 S. Kirkwood Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th
year 1946 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 1,
1946 to November 28, 1946.
that I last saw her alive on 11-27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Arteriosclerosis of 30 yrs

Due to

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) (e) Means of injury

23. Signature R. Theobald (M. D. or other) M.D.
Address Kirkwood, Mo. Date signed 11/29/46

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

MOTHER FATHER

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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirtwood (22)

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.