

DEPARTMENT OF COMMERCE
Bureau of Health Statistics
FILED DEC 24 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42983

318

1003

State File No. _____

Registrar's No. 10666

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3744 Cook
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sandra Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 24 - 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1946 hour 4 minute 28 p. a. M.

21. I hereby certify that I attended the deceased from 11-24 to 12-10, 1946; that I last saw her alive on 12-10, 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
		<u>16</u>	hr. _____ min. _____

Immediate cause of death Peritonitis
Generalized Bronchopneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Leonard Smith

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

14. Maiden name Ruby Jones

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

16. (a) Informant E. M. Sherard, R.R. 10
(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director Missouri Ind. Co.
(b) Address 425 N. 1st St. St. Louis

19. (a) _____ (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy Yes

Duration _____

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)
Means of injury _____

23. Signature Theodore Blevins (M. D. or other) _____
Address 2601 N. Whittier Street Date signed 12-12-

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

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.....

.....
working under my personal supervision. *Not Embalmed* Registered Apprentice No.....

Signed.....

Licensed Embalmer No..... *Luke Jones*

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.**